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ABSTRACT

Serving as a vehicle for raising the profile of and thereby gaining recognition for the important research and development work being conducted in Canada in support of children and families, the "Research Connections Canada" series compiles research and/or development papers as well as background papers, analytical literature reviews, and essays. This issue of the series focuses on promoting quality in early childhood care and education (ECCE). The papers are as follows: (1) "Credentialing as a Strategy for Promoting Quality in Child Care" (Gillian Doherty), discussing the strengths and weaknesses of three types of child-care credentialing in North America and concluding that each type meets different needs and has different potential for promoting quality; (2) "Accreditation as a Strategy for Promoting Quality in Child Care Programs" (Gillian Doherty), discussing the pros and cons of the accreditation systems of several U.S. and Canadian early childhood and child care professional associations and reviewing evaluation studies completed on several of the processes; (3) "Mentoring as a Strategy for Promoting Quality in Child Care" (Gillian Doherty), on the use and effectiveness of mentoring in child care in North America, and requirements for successful mentoring programs; (4) "The Emergency Child Care Research Project: Action Research to Strengthen Community-Based Child Care and Work/Life Initiatives" (Susan Howe and Heather Swail), outlining a 2-year study into emergency child care, its impact, effectiveness, and features; (5) "Early Childhood Care and Education Learning Outcomes" (Malcolm Read), describing learning outcomes that may be reasonably expected of a graduate from a postsecondary ECCE practitioner preparation program; and (6) "Infants and Toddlers in Canadian Multi-Age, Childcare Settings: Age, Ability and Linguistic Inclusion" (Judith Bernhard and others), presenting research in the ECCE field regarding factors that enable or restrict the inclusion of infants and toddlers in multi-age grouping in licensed child care centers in Canada. Each paper contains references. (HTH)

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Supporting Children and Families

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Research Connections Canada: Supporting Children and Families

Research Connections Canada is a bilingual publication series published by the Canadian Child Care Federation and funded by Child Care Visions, Human Resources Development Canada. The series is an anthology of current Canadian early childhood research and development papers.

This professional publication serves as a vehicle for raising the profile of and thereby gaining recognition for the important research and development work which is being conducted currently in Canada, including that being done under Child Care Visions, Human Resources Development Canada.

Research Connections Canada includes research and/or development papers as well as background papers, analytical literature reviews and essays. This publication *series is of particular interest to training programs (at both college and university levels), academics, researchers, policy makers and licensing and regulatory agencies.*

Research Connections Canada is guided by an editorial committee. However, the papers represent the opinions of the authors and should not be considered as reflecting the opinions of the Editorial Committee, the publisher or the funder. Papers are presented essentially as submitted by the authors; there is no substantive edit or fact-checking. There is currently no peer-review process.

One copy of each issue of the series is distributed free of charge to an identified distribution network including: libraries in colleges and universities that offer training in early childhood care and education; government child care departments; national organizations in the health and social services sector; and provincial/territorial organizations with a focus on early childhood.

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Credentialling as a Strategy for Promoting Quality in Child Care

by Gillian Doherty

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Abstract

Discussion includes the three types of credentialling in the North American child care field—equivalency validation, credentialling of early childhood education graduates and competency-based assessment. Doherty covers the strengths and weaknesses of credentialling, and concludes that each type meets different needs and has different potentials for promoting quality in child care.

Overview

Credentialling—Definition

> *A process that evaluates the extent to which an individual has both a core of theoretical knowledge (the why) and practice competency (the how to).*
>
> *The term "credential" encompasses the terms "licence" and "certificate." A licence is official permission, granted by government or a body to which such authority is delegated by government, to engage in a form of employment that would otherwise be illegal. One example is the government licence required in British Columbia in order to work as a supervisor in a child care centre.*[1] *A certificate is a document certifying that one has acquired specific qualifications and/or competencies; for example, the voluntary certification that can be obtained through the Certification Council of Early Childhood Educators of Nova Scotia.*[2]

Credentialling—Description

The major rationale for credentialling is to protect the health, safety and welfare of the public in situations where the public being served (e.g. young children) is unlikely to be able to judge the competence of the service for itself.[3]

There are three types of credentialling in the North American child care field:

- **Equivalency validation** – This credential testifies that an individual has equivalent education to that required for entry into the field in the jurisdiction in question. In jurisdictions where the basic entry-level education includes a practicum, the person may also be required to have at least the same length of experience as a child care provider;
- **Credentialling of ECE graduates** – This may be a government licence or classification giving permission to practise at a certain level or an endorsement sought on a voluntary basis from a professional organization. It generally requires a certain length of actual experience in addition to specific academic qualifications; and
- **Competency-based assessment** – This credential testifies that a person, whose formal educational qualifications related to child care are less than those required for entry into the field, has the practical competencies required to provide competent child care.

Equivalency Validation

Equivalency validation in Canada is conducted by a branch of the relevant provincial/territorial government, except in British Columbia and Ontario. Basically, equivalency validation involves comparing the courses taken by the candidate with those required of people trained in the jurisdiction. There is considerable variation in the strictness of the process. Some jurisdictions engage in a very detailed review of the candidate's academic transcripts and past work experience while others perform a simple review of the application.[4]

In British Columbia, equivalency validation for early childhood education (ECE) and a variety of other occupations and professions is conducted by the International Credential Service, a non-government organization.[5] In contrast, an Ontario candidate submits course records to the Association of Early Childhood Educators, Ontario for evaluation. Depending on the evaluation, the person may be required to undertake a supervised field placement and/or take one or more college-level courses before being credentialled as having the equivalent of an Ontario diploma in ECE.[6]

Credentialling of ECE Graduates

Government licence or classification

In British Columbia and Manitoba, ECE graduates must be credentialled by the government in order to be employed in certain positions. For example, in British Columbia an individual licence to practise is required to be a supervisor in a centre. The candidate must have a diploma or degree from a training institution recognized by the province and document a minimum of 500 hours of work experience in a licensed facility under the director of a licensed practitioner. The licence is renewable every five years conditional on the person having worked in child care for at least 500 hours within the past five years and having participated in a minimum of 12 hours' professional development.[7]

Manitoba child care legislation requires all centre-based providers to apply for classification prior to or within two days of commencing work. Classification as a child care worker level I, II, III or IV depends on the individual's educational qualifications. A person may apply to upgrade classification by submitting transcripts of additional course work.[8] Only those who are graduates of an ECE diploma program, or granted equivalency to same, can be classified as a child care worker II and thereby be authorized to be responsible for a group of children. Supervisors must have a child care worker III classification and at least one year of experience.[9]

Voluntary Credentialling

Three provincial associations, the Association of Early Childhood Educators, Ontario; the Early Childhood Professional Association of Alberta; and the Certification Council of Early Childhood Educators of Nova Scotia provide voluntary certification for their members.

The Nova Scotia process requires that the candidate hold a certificate, diploma or degree in ECE and have had two years of experience in direct child care provision. Candidates for certification are grouped into threes and each "triplet" is assigned a facilitator who works with the group throughout the process. Each candidate member of the triplet is observed in the classroom by each of the other two candidate members. These observations assess the candidate's practice against 15 practice criteria established by the Certification Council of Early Childhood Education of Nova Scotia, and result in written evaluations. In addition, the candidate is expected to produce a written self-evaluation, again using the criteria. The process of observation and evaluation can be repeated several times until the candidate is deemed able to meet the criteria. As necessary, the facilitator acts as a mentor in assisting the candidate to reflect on and change his or her practices. This assistance may include on-site observation by the facilitator.

When all three candidates in the triplet feel that they are ready for the next step, a validator becomes involved. Until this point, the validator has no involvement with the group. The validator reviews the written evaluations, observes the candidate in action, and then makes a recommendation to the Certification Council. The Council makes the final decision. Consideration is being given to periodic re-evaluation as a condition for maintaining certification. Currently, certification status is maintained by the payment of a yearly fee and the submission of proof of professional development activities during the past year (e.g. seminars, workshops and/or membership in the professional association).[10]

In Ontario, candidates are required to submit a written statement of their personal philosophy regarding child care and to write an examination. Currently, there is no observation of the person in action. The previous process involved four on-site observations by a person who was already certified. However, sometimes the observer (a voluntary position) was not able to be available when required and there were also concerns, in some situations, about the extent to which the observation had been objective.[11]

Candidates in Alberta must submit a course transcript, verification of their experience and a letter from their current employer giving an opinion of their work. There is neither on-site observation nor a written examination. Certification is for life.[12]

Competency-based Assessment

The American Child Development Associate Program

The American Child Development Associate (CDA) nation-wide program was established to assist experienced child care providers who have little or no formal education related to child care to obtain a credential that will permit them to assume full responsibility for a group of children in a centre. It has subsequently been extended to family day care providers. It is currently administered by the Council for Early Childhood Professional Recognition (under the sponsorship of the National Association for the Education of Young Children).[13]

The evaluation of the individual is based on assessing his or her competency against specific criteria related to safety, health, programming, guidance and discipline, family relationships, program management and overall professionalism. Traditionally, the process involved a "local assessment team" composed of the candidate, an advisor (early childhood professional) selected by the candidate, and a parent or community representative, also selected by the candidate. The advisor observed the candidate working with children and submitted three reports to the local assessment team. The candidate prepared a portfolio demonstrating competency in all six competency areas noted above and submitted it to the team. The parent/community representative had two tasks—collecting data from the parents or guardians of the children being served and observing the preschool setting. The council assigned a representative to the team who visited the candidate's work site to collect additional information and conducted the team meetings to ensure that they followed the council's guidelines and procedures. The candidate was an equal voting member on the team. As a result, the candidate was part of the review of the documentation and the decision whether to recommend to the council that the credential be awarded.[14]

The council changed the process in 1990. This was in response to concerns about quality control (e.g. possible bias) and some difficulties with the operation of the local assessment teams. The team was eliminated and two routes to credentialling were established—one for candidates who simply wanted their skills evaluated and the other for individuals who wanted training. The skill evaluation route involves on-site observation by an advisor appointed by the council using a formal observation instrument developed by the council, parent questionnaires, a written examination and the submission by candidates of a professional resource file detailing their experience. The candidate is also required to have completed 120 hours of formal child care training within the previous five years. The other process involves completing a self-study curriculum developed by the council, mentoring by an advisor appointed by the council, followed by the process outlined for the other route. In both routes, the council, rather than a local assessment team, reviews the documentation and makes the decision.

The Manitoba Competency-based Assessment Program

Manitoba is the only province where prior learning assessment (PLA) is a government function.[15] Colleges in some provinces will do PLA and may grant credit for previous experience. Candidates in the Manitoba program must be employed as a child care provider, have a minimum of two years' experience, and have participated in a minimum of six professional development experiences during the previous two years. The program is based on the CDA program and uses the same six goals and 13 functional areas to evaluate the individual's competence. It also uses a similar team: the candidate (who acts as team leader), a parent, a "competency-based assessment advisor" (an ECE graduate hired by the provincial government and given special training), and a representative from the provincial Child Day Care Unit.

The advisor conducts a minimum of 10 hours of observation and discusses the findings with the candidate. The parent distributes and collects questionnaires from other parents and conducts one observation of the candidate. An observation is also made by the government representative; however, her main role is to coordinate the team and its meetings. The candidate is expected to be involved in ongoing self-assessment and to develop a portfolio documenting his or her competencies. A unanimous decision to award the credential is required. If additional training is recommended, the candidate can undertake a self-study program using materials development by the Child Day Care Unit. Credentialling under the competency-based assessment program is deemed equivalent to an ECE diploma and results in the child care worker II classification.[16]

Other Examples of North American Credentialling

Certification that graduates of the basic academic course have a certain knowledge base and/or practical competency is used in several human services professions. These include nursing ("registered nurse"), teaching ("certified teacher"), social work and psychology. Depending on the profession, certification may or may not require postgraduate supervised experience. Most professions now require that the person be actively engaged in the profession in order to remain certified. Some have considered requiring the person to demonstrate competency on a regular basis in order to retain certification.

Strengths and Weaknesses of Credentialling

Equivalency Validation

Equivalency validation increases the pool of available employees and provides an opportunity for people trained outside the jurisdiction to receive the salary level of a person who received their entry-level qualifications in the jurisdiction. At the same time, the process provides a level of assurance to service users and to employers that the person has a comparable level of theoretical knowledge.

When equivalency validation is done by a professional organization, as in Ontario, the decision is made by practitioners familiar with the work requirements. This increases the likelihood that the certified person will be able to perform the necessary tasks. The same assurance is not present when a government body or generic equivalency validation agency does the credentialling. In addition, responsibility for equivalency validation encourages the profession to reflect on the competencies required and to develop criteria to determine the extent to which they are present in an individual.

The equivalency validation can fail to provide any level of assurance that the person understands the approach taken in the jurisdiction, or can translate theory into good practice in situations where credentialling is purely a paper exercise. Thus, criteria against which to evaluate the individual's practice, and observation of the person in action, are important parts of equivalency certification.

Credentialling of ECE Graduates

Voluntary credentialling as practised in Nova Scotia:

- encourages practitioner reflection and, by so doing, improves the overall quality of the service system;
- provides some assurance that the person can translate theory into good practice; and
- provides a base for establishment of a career ladder, something that has been suggested as required to keep experienced practitioners in the field.[7] In the Nova Scotia system, the facilitator is someone who is already certified and it is this certification that makes the facilitator deemed qualified for the mentoring role.

However, the effectiveness of the quality safeguard in the Nova Scotia approach depends on the ability of all members of the triplet to evaluate quality practice. The lack of an arm's-length observation, since each member of the triplet is dependent on the other for a recommendation to be granted certification, is also a potential concern.

Certification of graduates implies and is taken by people to imply a level of competence beyond entry level. The body of research, knowledge and opinion on what constitutes good practice is changing rapidly in child care. The current automatic renewal of certification upon payment of a fee may fail to provide sufficient motivation for the practitioner to remain current. It definitely fails to provide assurance that the person's knowledge is current and that he or she continues to be able to translate theory into good practice. Experts involved in the American Quality 2000 Task Force recommend that licensing/credentialling systems "require all personnel to continue to increase their knowledge and skills, whether staff remain in the same job or pursue new positions in the field."[18]

Competency-based Assessment

Perceived strengths of the CDA program are:

- its ability to empower "educationally disenfranchised" people by focussing on performance rather than the completion of course work. In so doing, it enables the establishment of a career even when someone does not have the educational qualification for college entrance;[19]
- the creation of a significant pool of competent front-line care providers;[20] and
- the increased likelihood that a person who has received CDA credentialling will engage in additional professional development (e.g. attend workshops or take college courses).[1]

However, concerns have been expressed that the CDA program:

- is narrowly vocational and simply provides training in a collection of skills without encouraging the practitioner to examine or reflect on his or her experience or actions;[22]

- fails to make a commitment to explicit knowledge as a basis for practice.[23] This criticism may no longer be valid since passing a written examination is now required;
- allows for haphazard training experiences that may result in gaps in knowledge;[24] and
- does not require a periodic complete, standardized reassessment to ensure that the individual's knowledge base has remained current.[25]

The Effectiveness of Credentialling

Equivalency Validation

No attempts were found to explore similarities and differences in practice between people who received their training in the jurisdiction in question and those who were granted equivalency.

Credentialling of ECE Graduates

No attempts to explore the differences, if any, between people who received a voluntary certificate and peers with a similar level of education but no certificate were located.

Competency-based Assessment

A 1992 follow-up of 60 people who had received a credential through the Manitoba competency-based assessment program found that 90 percent were still working in the centre where they were working when they applied for credentialling. All 60 individuals obtained high rating as child care providers by the supervisor or director of their current workplace.[26] While these findings are encouraging, they are based solely on anecdotal evidence.

A review of the research on the results of CDA credentialling showed that it resulted in "an increased knowledge of child development, more positive attitudes toward children's learning, stronger and more coherent beliefs in a child-centered approach toward early education, an increase in educational aspirations and further professional development, more active seeking of educational opportunities, and an increased sense of self-confidence in one's ability to handle the complexities of the job."[27]

Discussion

All three types of certification discussed above increase the pool of child care providers able to demonstrate some theoretical knowledge and ability to provide at least basic quality care. They each meet different needs and have different potentials for promoting quality in child care.

Equivalency validation provides the field with practitioners with an understanding of other cultures. Often, they are fluent in languages other than English or French. Their availability assists in the provision of child care that is sensitive to and accommodates cultural and linguistic diversity.

Certification of ECE graduates can, depending on the process used, provide assurance that the person is able to translate theory into good practice. Potentially, it provides the basis for a second step on the career ladder (e.g. by opening up opportunities to become a mentor). There is some indication that child care providers are more likely to remain in the field, and in particular programs, when there are opportunities for increased responsibility or career advancement.[28] The whole field benefits from each skilled practitioner who is retained in the child care system.

Credentialling people who have minimal formal qualifications but are already working in the field appears to improve their practice. It may also encourage self-awareness and reflection. In addition, research indicates that people with CDA credentials are more likely to engage in future professional development than peers without this qualification. The CDA credential, therefore, may be the first step in a career ladder.

All three types of credentialling imply a "guarantee" of a certain level of knowledge and practice competency. Increasingly, professional organizations are recognizing that lifetime credentialling granted at one point in time is not appropriate due to rapid changes in theory and practice. As a result, there is a trend toward requiring that the person be active in the field and be re-evaluated periodically in order to retain certification.

The U.S. Quality 2000 Task Force has proposed that "by the year 2010, all staff with responsibility for young children in both centers and family child care homes should be required to hold licenses, available on completion of high levels of training and education and demonstration of competency in working with children and families."[29] In a background document, the Task Force notes that to practise other helping professions, such as social work and nursing, the individual must meet certain requirements established by those already practising the occupation, and acquire a licence to practise that is granted by a public authority (e.g. a state board of professionals). The licensing process usually involves an examination, a fact that recognizes that good practice is based on a core body of knowledge. These conditions "could be a powerful force for quality in early care and education."[30] In the same document, the Task Force acknowledges that it is important to preserve entry points, for example, the untrained aide working under the direct supervision of a licensed professional who has postsecondary school ECE. Therefore, it proposes a career ladder of different levels of licensing. The document also notes the need to link salary with increased education and higher credentials, and to proceed in an incremental fashion which starts by raising public and parent awareness of the link between care provider education level and child development.

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17. See, for example, Morgan, 1991; Bredekamp & Willer, 1992; Talley, 1997.
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Accreditation as a Strategy for Promoting Quality in Child Care Programs

by Gillian Doherty

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Abstract

The National Association for the Education of Young Children, the U.S. National Early Childhood Program Accreditation Commission, the U.S. National Association of Family Child

Care, The Ontario Association of Children's Aid Societies and the Ontario Association of Children's Mental Health Centres have all developed their own child care accreditation system. Doherty looks at the pros and cons of each, and reviews evaluation studies that have been completed on several of the processes.

Overview

Accreditation—Definition

A process by which a representative body, recognized by both the service community and the community in general, establishes standards for services that are above the mandatory requirements of government. Programs apply on a voluntary basis for evaluation against these standards and, if found to meet or surpass them, are granted a certificate that recognizes this fact.[1]

Accreditation—Description[2]

The best-known child care accreditation system is sponsored by the National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children (NAEYC). It is designed for full- and part-day group (centre-based) programs serving children from birth to age 6 and for school-aged child care. The accreditation is based on NAEYC's Criteria for High Quality Childhood Programs.[3] The process involves three steps:

- **Self-study** – The academy supplies the following self-study materials: a classroom
- observation instrument, an administrator questionnaire, a staff questionnaire, and a parent questionnaire. The program uses these to assess how well it meets the accreditation criteria. When the self-study phase is complete, the centre submits a report to the academy;
- **Validation** – This involves a site visit from a trained validator who verifies the validity of the material submitted by the program. Validators are experienced early childhood professionals who have completed a college degree in early childhood education (ECE); and
- **Accreditation decision** – This is made by a three-person commission made up of early childhood professionals. Total compliance with the accreditation criteria is not required; the decision is based on professional judgement. The commission either grants accreditation for three years or defers and recommends additional improvements. Programs can either appeal the decision or make changes and undergo another validation visit.

During the three years of accreditation status, programs are required to submit an annual report based on the criteria. They must also inform the academy of any changes in personnel or to other aspects of the program, such as the physical facility. For re-accreditation, centres must undergo another self-study, submit another program description, and receive another validation visit.

Use of Accreditation in North America

Centre-based Child Care

As of November 1996, there were 4,995 NAEYC-accredited centres across the United States. This represents just over 5 percent of the total number of regulated centres in that country.[4]

Approximately 150 programs nation-wide have been accredited by the U.S. National Early Childhood Program Accreditation Commission. This uses a different process from NAEYC. Its process includes parent, child and staff surveys, a centre profile report, an extensive self-evaluation tool and on-site verification.[5] The centre profile provides information about the administration and general operation, professional development opportunities, the work environment, provisions for child health and safety, programming, provisions for children with special needs, and mechanisms for parent and community involvement.[6]

An estimated 100 centres have Child Welfare League of America accreditation.[7]

Family-based Child Care

The U.S. National Association of Family Child Care (NAFCC) accreditation system has been using an instrument specially designed for it, the *Assessment Profile for Family Day Care.*[8] This instrument, which has 189 items, is completed by the provider and validated by a parent and a representative from NAFCC. Sources of information include observation, report and documentation.[9] Concern has been expressed that the accreditation instrument may be derived too much from research on and practice in centre-based care and, as a result, may fail to acknowledge the uniqueness of family-based care.[10] NAFCC, in conjunction with Wheelock College in Boston, was in the process of creating a new accreditation instrument for family child care homes. It was expected to be ready for pilot testing in spring 1998.[11]

Other Sectors in Canada

Both the Ontario Association of Children's Aid Societies[12] and the Ontario Association of Children's Mental Health Centres[13] have developed and use their own accreditation processes. Across Canada as a whole, the child welfare system uses the Child Welfare League of America accreditation, which is currently being revised to produce a Canadian version.[14] Accreditation is also used in the Canadian hospital system and in homes for the aged.

Accreditation's Perceived Strengths

The self-study aspect of accreditation is viewed as promoting awareness of what constitutes high-quality child care,[15] improving program quality,[16] providing a valuable form of staff development,[17] assisting programs to define their goals,[18] and assisting providers to be more reflective.[19] Accreditation itself has been cited as improving staff self-esteem and morale[20] and as assisting centres in marketing their services.[21]

Concerns About Accreditation

Time Required

Surveys of centre directors who have gone through part or all of the NAEYC accreditation process report that many view it as very labour intensive and time consuming.[22] One survey found that almost 40 percent of its respondents who had dropped out of the self-study phase cited the amount of time required as the primary reason.[23]

Need for Intensive Support

Centres are much more likely to complete the NAEYC process if they have outside support.[24] One study reports that "centers receiving intensive support—including on-site technical assistance from an early childhood professional, custom-designed training for staff and directors, funds to cover release time for staff participating in training, and an ongoing facilitated support group for directors—achieve accreditation at more than twice the rate of centers receiving moderate support or seeking accreditation independently."[25] The same study found that only 35 percent of the centres that sought accreditation but did not have support successfully completed the process.

High Drop-out Rate Among Centres

A longitudinal study reports that only 42 percent of centres embarking on the NAEYC accreditation process had completed it at the end of two years.[26] The high level of programs that "stall" in the self-study process has been identified as an issue that NAEYC must address.[27]

Maintaining Quality Control and High Turnover Rates Among Validators

The lack of uniform standards for early childhood professional preparations across states has resulted in quality control of validators being a major challenge.[28] Retaining validators is a second major challenge. Over a 15-year period, more than 4,000 validators were trained but only about 1,500 remain active.[29]

Cost

As noted above, successful completion is more likely with intense support, but the funding of consultation, training and release time so that directors and staff can complete the self-study materials, and so on, is costly. In the United States, some centres are able to obtain financial and other types of assistance through community Accreditation Support Projects whose sponsors include corporations, unions, community groups and various levels of government. Other centres bear the cost using existing resources.

Cost becomes a particular concern when centres "stall" in the self-study process. Research indicates that centres failing to advance to the validation phase demonstrate no improvement in quality.[0] Thus, the expenses incurred by the centre in application fees and the use of staff time in the self-study process may provide little pay-off. NAEYC also incurs expenses (e.g. providing self-study materials).

Effectiveness of the NAEYC Accreditation

Accreditation Improves Centre Quality

Successfully completing the accreditation process improves quality at the individual centre level as measured by standard process quality tools.[31]

Centres completing the self-study phase but failing to advance to the validation phase demonstrate no improvement in classroom quality, staff–child ratios or staff–child interaction.[32] This suggests that self-study alone is not sufficient.

Accredited Centres, as a Group, Have Higher Levels of Quality

Fourteen of the 227 centres in the U.S. National Child Care Staffing Study had accreditation. When compared with non-accredited centres, their staff obtained higher scores on measures of sensitivity, developmentally appropriate activity, and appropriate caregiving (sub-scales developed using the ITERS and ECERS). They had lower scores on measures of harshness and detachment. Staff turnover rates were also lower in accredited centres.[33] In a follow-up three years later, all 14 centres remained open but five had not renewed their accreditation. Centres whose accreditation had expired looked no different in terms of turnover rates than did non-accredited centres.[34] Given that turnover rate predicts quality, this finding is of concern.

Accreditation Does Not Equate to High Quality

The higher-than-average quality of the NAEYC centres in the National Child Care Staffing Study has been confirmed in two more recent U.S. studies. The first involved 398 centres in four states;[35] the second was a longitudinal study of 97 centres engaged in the accreditation process and a matched group of 67 centres not seeking accreditation.[36] However, both studies raise questions about NAEYC accreditation as a reliable indicator of high quality.

The four-state study included 31 accredited centres. The average ECERS total score for the group was 4.98, just below the score of five considered to indicate "good" quality. However, 56 percent of the accredited programs obtained a score between 3.3 and 4.9. Thus, the majority of the accredited centres were providing care that would be classified as "mediocre." One centre obtained a score of six; no centres obtained a higher score. As a group, the accredited centres did not obtain as high an ECERS score as the work-site centre group or the group of publicly funded centres. In addition, no significant differences were found between accredited and non-accredited centres on two important indicators of quality—that is, ratio and staff turnover.[37]

In the longitudinal study, the group of centres that achieved accreditation obtained an average ECERS score of 5.2. However, nine of the 23 programs, 39 percent, obtained a score between 3.0 and 5.0 (this is classified as "mediocre"). In this study, high-quality centres were characterized by a *combination* of non-profit status, higher staff salaries, retention of well-qualified staff and accreditation.[38] Again, there was no difference in retention of trained staff between the accredited and non-accredited programs.

Higher Quality Centres Are More Likely to Seek Accreditation

The longitudinal study cited above found that centres that achieved NAEYC accreditation had higher overall classroom quality at the time of embarking on the self-study phase than those that did not complete the process or did not seek accreditation. They also tended to have more favourable ratios.[39] This suggests that accreditation is an ineffective strategy for addressing poor quality.

Improvements as a Result of Completing the Accreditation Process May Not Be Sustained

Accreditation does not produce notable reductions in turnover rates. Furthermore, accredited centres are as likely as other centres to lose highly skilled staff while retaining less skilled care providers.[40] This has led to the speculation that improvements in practice resulting from the self-study process may be lost as a result of staff subsequently leaving.[41]

Effectiveness of Other Accreditation Processes

Research on the effectiveness of their accreditation procedures has not been conducted by the Child Welfare League of Canada[42] or either of the two Ontario professional associations for children's services that use accreditation.[43]

Discussion

The research findings indicate that NAEYC accreditation increases the likelihood that the centre has improved its quality. Accreditation is also an indication that the centre offers care that is of higher quality than offered by non-accredited programs. However, a significant proportion of NAEYC-accredited centres in the United States have been found to provide care that is ranked as "mediocre" when independent, trained observers use a standardized instrument (the ECERS).

A number of hypotheses can be made about why so many NAEYC-accredited centres provide care that is only mediocre. As has been repeatedly demonstrated by large multi-state studies, child care centres in the United States are generally of mediocre quality.[44] The improvement in an individual centre as a result of successfully completing the accreditation process may be insufficient for it to attain a high-quality score. Accreditation in a Canadian context might result in different findings.

The limitations of the NAEYC accreditation strategy may also, or instead, reflect weaknesses in the accreditation criteria (e.g. their failure to address salaries and staff turnover rates, both of which predict quality). Another possibility is that the relative lack of success reflects a weakness in the decision-making process. This might be at the validation stage (e.g. lack of adherence to NAEYC accreditation criteria when doing the validation) or at the final decision-making stage. The final decision is made by a three-person commission on the basis of reports submitted to it. Members of the commission do not actually visit the program. In contrast, the Child Welfare League of America accreditation decision is made by the validation team that visits the program.

Recent recommendations for improving the NAEYC accreditation process include:[45]

- re-examination of the accreditation criteria, validation process and commission approval system;
- creation of a cut-off point for staff turnover above which centres would have to be re-evaluated;
- development of guidelines to assist centres to assess whether they are likely to succeed at accreditation. This proposal specifically addresses the high rate of "stalling" and dropping out in the self-study phase. It includes the suggestion that it would be much more appropriate and fruitful for centres not likely to gain accreditation to engage in "pre-accreditation" quality enhancement activities; and
- investment in accreditation support projects that provide comprehensive assistance to centres as they go through the accreditation process. "Minimal investment in accreditation support may encourage centres to engage in the self-study process and fail, which can demoralize staff and exacerbate turnover."[46]

In summary, accreditation using the NAEYC process is costly for the centre and provides the system with no guarantee of quality. Furthermore, in spite of 10 years' aggressive marketing, NAEYC has only accredited 5 percent of the licensed centres in the United States. The above suggests that accreditation might not be the most effective use of resources available for quality enhancement.

Endnotes

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22. Goldfarb & Flis, 1995; Talley, 1997; Zellman & Johansen, 1995.
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25. Whitebook, Sakai & Howes, 1997, p. 58
26. Ibid., p. 39.
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28. Bredekamp & Glowacki, 1996, p. 42.
29. Ibid
30. Ibid
31. Howes & Galinsky, 1995; Whitebook, Sakai & Howes, 1997.
32. Ibid.
33. Whitebook, Howes & Phillips, 1990.
34. Whitebook, 1995
35. Helburn, 1995.
36. Whitebook, Sakai & Howes, 1997
37. Whitebook, 1995.
38. Whitebook, Sakai & Howes, 1997.

39 Ibid.

40 Ibid., p. 50.

41 Ibid.

42 Sandra Scarth. Child Welfare League of Canada, personal communication.

43 Arnold Love, Ontario Association of Children=s Mental Health Centres and Sandy Moshenko, Ontario Association of Children's Aid Societies.

44 See, for example, Whitebook, Howes & Phillips, 1990; Scarr, Eisenberg & Deater-Deckard, 1994; Helburn, 1995.

45 Whitebook, Sakai & Howes, 1997.

46 Ibid., p. 67.

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Mentoring as a Strategy for Promoting Quality in Child Care

by Gillian Doherty

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Definition

A nurturing process in which a more skilled or more experienced person, serving as a role model, teaches, sponsors, encourages, counsels and befriends a less skilled or less experienced person for the purpose of promoting the latter's professional and/or personal development.[1]

Description

The essential attributes of the mentoring relationship have been defined as:[2]

- nurturing, and thereby providing an environment for growth;
- teaching and encouraging intentional learning through strategies such as modelling,[3] providing direct information or clarification, coaching, advising, observing and providing feedback, questioning and encouraging the person being mentored to reflect on their beliefs, values and practices;[4] and
- befriending, that is, being accepting and supportive.

People who have been involved with implementing mentoring programs note that it is essential to distinguish the mentoring role from that of a supervisor. To engage in supervisory activities, such as formal evaluation which may affect the person's job status, is believed to interfere with the openness and trust that is essential for a successful mentoring relationship.[5]

In both the education[6] and child care[7] fields, mentoring is identified as particularly helpful for new graduates in their first year of employment as they struggle to reconcile their student idealism with the realities of the work setting. Being responsible for a group of children may be experienced as almost overwhelming and concerns about sheer survival may undermine professional growth. In child care, some new graduates leave the field during their first year of employment as a result of difficulties making the adjustment from student to graduate practitioner.[8]

Mentoring is increasingly being viewed as part of a continuum of professional development. This continuum goes from preservice education, through assisting new practitioners in making the adjustment to the workplace, to being part of ongoing staff development, to providing experienced workers with a new role and career path as a mentor and thus contributing to their further professional growth.[9] The "learning leader" is a new approach to the provision of ongoing staff development which is being implemented in the business world. It involves reframing mentoring away from the traditional one-to-one relationship between mentor as expert and protégé as learner. Instead, a group of four to six employees is led by an organization veteran who works with the group to increase the skills and knowledge of all members, including him or herself.[10] The leader and the group act as peers who share responsibility for learning through talking about their beliefs, exploring alternatives, sharing experiences and seeking solutions.[11] This approach sounds similar to the pedagogista in the Reggio Emilia programs who works with a group of care providers to assist them to reflect on their practice.[12]

Appropriate mentoring strategies change across the continuum. With the student or novice "mentors can help protégés develop general caregiving skills or specialized skills in particular areas, such as managing a small business, working effectively with parents, setting up age-appropriate child care environments or developing curriculum."[13] Once the protégé has basic competence, the mentor's role should shift from modelling, coaching and instructing to becoming a co-enquirer engaged as a peer in questioning, probing, exploring and reflecting on what is being done and alternative approaches in order to assist the individual to gain insight into her own practice.[14] This is the basis for the development of a reflective practitioner; that is, one who questions, analyses, evaluates and reconsiders her own practice in the context of the needs of the children, families and community being served.

Use of Mentoring in Child Care in North America

The Partners in Practice Project

A 1998 Canada-wide mail survey of 234 organizations identified 17 early childhood education (ECE) mentoring situations. Follow-up telephone calls clarified that most of these were operating without additional funds or a supportive infrastructure such as mentor training.[15] The Partners in Practice Project has developed a mentoring model for ECE practitioners that is intended to be affordable and adaptable for different situations and for people at different stages in their career. It has also developed specific mentor training approaches and identified strategies for use in the mentoring situation. The model and strategies have been field tested in three sites, each of which involved protégés at different stages in their career:

- ECE students in a practicum setting (College of the North Atlantic, Newfoundland);

- ECE graduates in their first or second year of post-graduation experience (Ontario); and
- experienced ECE graduates seeking certification through the Certification Council of Early Childhood Educators of Nova Scotia (Nova Scotia).

Results of the field test evaluation are discussed in a later section. A workbook for integrating mentoring into the field practice of postsecondary ECE studies programs has been developed and is to be field tested at the College of the North Atlantic (Newfoundland) and Niagara College (Ontario) between October 1999 and June 2000. The two sites will document the process of using the workbook to implement mentoring and provide feedback that will be used to further refine this document. The project is now developing tools to match mentor and protégé, for example, in terms of their preferred communication styles.

The California Early Childhood Mentor Teacher Program

The California Early Childhood Mentor Teacher Program links experienced centre-based or family child care providers who have completed ECE training at the college level with students who are enrolled in college ECE programs. In 1995, 24 colleges across the state were participating in this program. The students use the mentor's classroom or home as a practicum setting. However, unlike the situation in many non-college practica, the mentor has received special mentoring training, including training in adult learning and supervision. The mentor is expected to model quality child care and assist the student to develop basic competency. While the mentor may provide feedback to the college, she does not determine whether the student passes or fails.[16]

Child Care Aware

Child Care Aware (CCA) is a national program operating projects in over 40 American communities to provide a variety of supports for family child care providers. Most of these projects include a mentoring program. The goals include assisting new providers to get started, providing practical experience as part of a basic training program, and/or assisting providers to obtain a CCA credential or some other similar certificate.[17]

Mentoring Programs for Experienced Practitioners

Since the late 1980s, nearly 50 communities across the United States have developed mentoring programs to assist care providers through the critical first year of employment, and/or new supervisors or directors to make the transition to their new responsibilities, and/or people to obtain a credential.[18] Two of the largest employers of child care providers in the United States, Head Start and the United States Army Child Development Services, are working to establish mentoring programs in their facilities.[19]

Perceived Strengths of Mentoring

The literature identifies mentoring as:

- easing the entry of new practitioners into what can be a daunting situation, thereby increasing the likelihood that they will remain in the profession;[20]
- providing a non-threatening, supportive relationship in which the protégé feels safe in asking questions;[21]
- providing a deliberate, planned methodology that encourages reflection in both mentor and protégé;[22]
- breaking the isolation endemic in child care by instituting an opportunity to meet with peers in a collaborative situation;[23]
- providing professional development for both the mentor and the protégé.[24] "It is difficult not to question your own practice when you are discussing the knowledge, skills and attitudes possessed by others. After questioning your own practice, there must follow the challenge of doing something to improve it. In trying to help others, you get insight into your own needs;"[25] and
- providing recognition for accomplishment in the child care profession, one that traditionally has offered little role differentiation, by providing a new and meaningful role as mentor.[26]

One child care expert has noted that "the mentoring process helps a child care program to become a better 'community of learners'—a place where both children and adults are encouraged to reach their full potential."[27]

Requirements for Successful Mentoring Programs

The Need for Training

Experienced child care providers are often thrust into mentoring roles without training. This sets them up for failure and can become a source of frustration.[28] Participants in a forum of more than 100 child care mentors and mentoring program developers concluded that mentoring requires specific training. In addition to the requirement for a strong background in ECE and direct experience as a child care provider, mentors need specific training in adult learning and development, communication, modelling, observation, setting goals, giving and receiving feedback, strategies to encourage reflection, and conflict resolution.[29] The need for specific mentor training has also been identified by others in child care[30] and by people in the education field.[31]

In the United States, mentor training approaches include intensive one-day workshops, week-long seminars and year-long college courses that give a credit that can be used toward a degree. There is a growing recognition that the mentor training program must address the different developmental needs of protégés at different points in their career and the different roles of practitioners (e.g. front-line staff or supervisor).[32] The Wheelock College Centers for Child Care Policy and Training in Boston has developed and implemented a curriculum for mentor training.[33] As noted earlier, the Canadian Partners in Practice Project is field testing a mentor training and support approach. In the education field, mentor training has been found to be associated with greater mentor effectiveness.[34]

The Need for Infrastructure

People involved in the mentoring field believe that mentors benefit from, and are more likely to be retained, if they are linked in a mentor mutual support group and have opportunities for ongoing mentoring skill development. The latter requires an experienced mentor whom less experienced mentors can turn to as they assume their new role. Infrastructure is also required to recruit, screen and train mentors, to link mentor and protégé, to consult with training institutions and provider associations, and to administer a budget to cover costs such as training materials for mentor and protégé.[35]

Mentoring programs themselves benefit from networking. The U.S. Early Childhood Mentoring Alliance[36] provides a clearing house for information exchange about mentoring programs, assists in the development of mentoring program networks, and provides training opportunities for people operating mentoring programs.

The Need to Obtain Ongoing Core Funding

Financial stability is essential for a successful mentoring program. Experience in the United States indicates that mentoring programs that start with pilot project dollars but are unable to secure ongoing funding are unlikely to be able to continue once the pilot funding ceases.[37] Funds are required for the infrastructure noted above, to compensate mentors for time taken for training and mentoring, and to provide substitute staff while mentors and protégés are absent from the job. There is a growing consensus that mentors should receive some type of honorarium or stipend, not only to compensate for possible lost wages but, perhaps more importantly, as a concrete acknowledgement of accomplishment and to reduce turnover.[38] Mentor turnover is an important issue. Research indicates that protégés placed with mentors who have previous mentoring experience demonstrate greater improvement than those placed with people just entering mentoring.[39] Mentors participating in the California Early Childhood Mentor Program reported that the average $1,000 a year stipend that they received played a critical part in assisting them to meet basic living expenses or pursue additional training.[40]

The Need for Uninterrupted Time and a Quiet Meeting Space

Regular, uninterrupted discussion opportunities are important for the development of reflective thinking and the provision of support for the protégée. This may require the provision of substitute teachers so that the mentor and/or protégé can meet.

The Need for Director and Co-worker Support

The mentoring experience can be undermined if the centre director or the mentor's and/or protégé's co-workers do not support the process. Without an understanding of the goals of the mentoring experience and a belief in its value to the whole program, the accommodations that directors and co-workers must make for the mentoring relationship may lead to tension. Supportive directors ensure that all staff understand the mentor relationship and goals and that there are substitutes available when required.[41]

Access Issues

Access issues include:

- geographic obstacles (e.g. remote, rural areas);
- sector isolation, a particular problem for family child care providers;
- lack of information about mentoring programs;
- financial barriers (e.g. the need for child care and/or a substitute in order to participate, the cost of training materials); and
- linguistic barriers.

Strategies for overcoming some of these barriers include using a variety of formats for meetings and training (e.g. teleconferencing, videotapes, weekend retreats); paying child care and transportation costs; providing information about the mentoring program by attending provider association meetings and through community media such as church bulletins and local cable TV; and developing multilingual materials.[42]

The Effectiveness of Mentoring

Research on the effect of mentoring is limited.[43] Research in child care has focussed on centre-based rather than family child care. In the educational field, formal mentoring, including attending seminars and keeping and discussing journals, has been found to increase the incidence of reflective thinking among student teachers.[44] Being a mentor helps experienced teachers to renew their commitment and increases the likelihood that they will remain in the education field.[45]

The evaluation of the three-site Partners in Practice field test found that:

- students believed that the mentoring process had assisted them to develop greater confidence in their work with children and families;[46]
- novice practitioners believed that the mentoring process had assisted them to get through the initial period of self-doubt as new graduates;[47] and
- there was improvement in total scores in pre- and post-tests on the Early Childhood Environment Rating Scale in all three sites. The change, however, was not statistically significant. There was a statistically significant improvement in reflection skills among the students who were protégés in the Newfoundland field test.[48]

An evaluation of the California Early Childhood Mentor Program found that:

- novice practitioners in a mentoring relationship exhibited higher levels of sensitivity and lower levels of harshness on a standard observation scale than novice practitioners whose formal training had not included mentoring or a practicum experience;[49]
- protégés identified their mentors as extremely helpful in assisting them to adjust to their new role as child care providers;[50]
- mentors reported that mentoring contributed to their own professional growth and enhanced their self-esteem;[51] and
- the annual turnover rate among mentors, 10 percent per year, was nearly a third of the average turnover rate among California child care providers.[52]

Although the research evidence is sparse, it suggests that mentoring has a positive impact on protégé behaviour with children and decreases the probability of mentors and protégés leaving a field. This latter benefit is important since child provider continuity is associated with the enhancement of children's development.

Discussion

Child care provision that acknowledges the uniqueness of each child and the cultural context of the program requires a reflective practitioner. Mentoring appears to encourage this type of behaviour in both the mentor and the protégé. In addition, it has the potential to address the isolation experienced by so many care providers, whether they be centre- or family-based, and to provide career progression in a field with few such opportunities.

Endnotes

1. Anderson & Shannon, 1995, p. 29.
2. Ibid.
3. Modelling involves providing the person being mentored with the opportunity to observe new and/or appropriate practices before they are expected to use and/or demonstrate them. Ideally, it is preceded or followed by a discussion of the specific strategy or skill that was demonstrated.
4. Processes used in mentoring to encourage reflective thinking included one-to-one conferences between the mentor and person being mentored and daily journal writing. Conferences permit the sharing of personal and professional experiences and ideas, the provision of feedback on observed practice, and opportunities to discuss various ways of approaching situations and work challenges. Written reflections on specific aspects of the work, such as implementing an activity, through daily journals help focus discussions on relevant issues.
5. Whitebook & Bellm, 1996.
6. Maynard & Furlong, 1995.
7. Alison Soave, Coordinator, Early Childhood Program, Niagara College of Applied Arts, personal communication.
8. Ibid.
9. Whitebook, Hnatiuk & Bellm, 1994; Kerry & Mayes, 1995; Kaye & Jacobson, 1996; Whitebook & Bellm, 1996.
10. Kaye & Jacobson, 1996.
11. Ibid.
12. New, 1993; Katz & Cesarone, 1994.
13. Whitebook & Bellm, 1996, p. 61.
14. Kelly, Back & apThomas, 1995.
15. Ferguson, Ferguson, Singleton & Soave, 1999.
16. Whitebook & Sakai, 1995.
17. Modigliani, 1994, p. 40.
18. Whitebook & Bellm, 1996, p. 59.
19. Ibid.
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24. Ibid.
25. Kelly, Beck & apThomas, 1995, p. 257.
26. Whitebook, Hnatiuk & Bellm, 1994.
27. Whitebook & Bellm, 1996, p. 61.
28. Whitebook & Bellm, 1996.
29. Ibid., p. 62.
30. Ferguson, Ferguson, Singleton & Soave, 1996.
31. Gold, 1992; Turner, 1995.
32. Whitebook, Hnatiuk & Bellm, 1994, p. 45.
33. Ibid., p. 5.
34. Turner, 1995, p. 154.
35. Whitebook, Hnatiuk & Bellm, 1994.
36. Operated by the National Center for the Early Childhood Workforce, 733 15th Street N.W., Suite 1037, Washington, D.C. 20005-2112. Tel. (202) 737-7700, fax (202) 737-0370.
37. Whitebook & Bellm, 1996, p. 62.

38 Ibid.

39 Whitebook & Sakai, 1995, p. 47.

40 Ibid., p. 31.

41 Whitebook, Hnatiuk & Bellm, 1994.

42 Ibid., pp. 42–43.

43 Whitebook & Bellm, 1996, p. 63.

44 Little, 1990; Wedman & Martin, 1991.

45 Huling-Austin, 1990; Odell & Ferraro, 1992.

46 Ferguson, Ferguson, Singleton & Soave, 1999, p. 25.

47 Ibid., p. 26.

48 Schael, 1998, pp. 5–6.

49 Whitebook & Sakai, 1995, p. 43.

50 Ibid., p. 40.

51 Ibid., pp. 26–27.

52 Whitebook & Bellm, 1996, p. 63.

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The Emergency Child Care Research Project

Action Research to Strengthen Community-based Child Care and Work/life Initiatives

by Susan Howe and Heather Swail

Susan Howe and Heather Swail were former program consultants for Work and Family Partnerships, the consulting group of Andrew Fleck Child Care Services, Ottawa.

Abstract

This paper was initially prepared for the May 1998 "Child Care and the Family-Work Balance Conference" sponsored by the Department of Family Studies, University of Guelph and Family Day Care Services. It outlines the Emergency Child Care Research Project, a two-year research initiative funded by Child Care Visions, Human Resources Development Canada (HRDC), 1996-98. The research initiative was sponsored by the Ottawa-based agency Short Term Child Care and coordinated by Work and Family Partnerships, the consulting group of Andrew Fleck Child Care Services. Research Director was Dr. Shahid Alvi, Alvi Communications and Consulting Inc. An external advisory committee representing the academic, business, labour, government and the child care communities monitored and guided the research.

The research explored three major areas related to emergency child care, the development of the service and a multi-partner consortium in Ottawa: the impact of emergency child care on individuals, families and organizations; the effectiveness of the emergency child care service; and the features and practices of consortium models as a means of developing and providing human services. The findings of the Emergency Child Care Research Project impact research indicate that the emergency child care service did have a positive effect on study participants. While this is a

specific study confined to the experiences of a certain group of people, it is reasonable to assume that the results of this initiative reflect the real and positive effect that work/life programs can have on individuals and their organizations.

Overview

The Issue–Emergency Child Care

For many Canadian families, emergency or back-up child care is a persistent and pervasive issue. Emergency child care is temporary back-up child care available to parents when regular child care arrangements have been disrupted or when children are mildly ill and must remain at home. Emergency child care can also be defined as the "second tier" of child care: once regular child care has been secured to allow parents to participate in the workforce, back-up systems must be available to cover unforeseen, yet probable emergencies. Emergency child care is a "link" between child care and work, allowing parents choice and access to care in unusual circumstances. Back-up child care can also be developed as one of a series of supportive services and policies such as family or personal leave and flexible work arrangements which support working parents with their child care responsibilities.

Despite the frequent and recurrent nature of children's illnesses and child care breakdowns, few high-quality services exist to provide families with the choice of using back-up care and going to work. Many families do not have access to high-quality, reliable back-up child care for times when regular child care arrangements are unavailable or their children are ill. Typically, licensed and informal child care service do not provide back-up child care; hours of services are usually centred around the traditional working day of 9:00 a.m. to 5:00 p.m. Many working parents do not have access to informal networks of back-up care as many live away from families and in neighbourhoods where other parents are in the paid workforce.

Without these supports, many must draw on personal leave, sick or vacation days to alleviate a child care emergency. As reported in the Canadian National Child Care Study *Workplace Benefits and Flexibility: A Perspective on Parents' Experiences*,[1] however, access to flexible work arrangements and coverage for child care emergencies is often related to parents' employment (level of position, organization); single parents are considerably less likely to be able to reduce working hours to part time to allow more flexibility. For a single-parent family, two or three incidences of illness can bring a personal bank of flexible days of coverage to zero.

Emergency Child Care as a Work/Life Issue

Emergency child care continues to represent a significant and important issue for working families. A 1990 Conference Board of Canada study of more than 7,000 employees from the public and private sectors, *Work and Family: Employment Challenge of the 90's*,[2] revealed that finding last-minute care for children was the situation causing the most difficulty for parents. Not surprisingly, a companion Conference Board of Canada study[3] of workplace benefits, practices and policies revealed a very low number of family- and child care-supportive initiatives offered by Canadian organizations.

The positive benefits of a range of work/life programs and policies, and the costs of not supporting employees with work and family responsibilities have been documented in several Canadian and U.S. organizational evaluations and research studies. Higher productivity and morale, reinforced commitment, enhanced ability to attract and retain workers, and reduced absenteeism and tardiness are the most common, positive outcomes related to work- and family-supportive policies and services documented in research and trade literature. Decreased morale and productivity, weakened ability to retain skilled workers and substantial costs due to absenteeism have been documented as the costs of not supporting workers with their work and family/child care responsibilities. The Conference Board of Canada estimates absenteeism can cost Canadian organizations $1,750 per employee per year.[4] One U.S. investigation estimated that savings to employers generated by emergency child care programs could represent annual savings of $2 to $12 billion.[5]

One of the dramatic differences between the United States and Canada revealed by the comparative service review conducted in this research concerns the level of creation and operation of emergency child care services. The United States is characterized by a large and growing number of emergency or back-up child care services. In Canada, to date, the creation of emergency child care services is more the exception than the rule. The Short Term Child Care Program (STCCP) stands out as an unusual and unique service model in the current Canadian infrastructure of child care and work/life services.

Given the scarcity of "developed" emergency child care services and the typical isolation of similar work- and family-supportive initiatives to individual organizations, there is little information on the operation, modelling and effectiveness of emergency child care in Canada. However, given the common and pervasive nature of emergency child care for both working parents and organizations, a strong argument exists for the evaluation and documentation of known initiatives to attempt to measure effectiveness and to allow for the possibility of replication to other organizations and communities to address the emergency child care issue. What is the impact of proactive and supportive services such as emergency child care on employee well-being and health (e.g. stress)? What effects can be documented on organizations using common and recognized indicators such as productivity and absenteeism? What innovative measures can organizations and communities take to develop back-up care networks to support working families?

The Emergency Child Care Research Project—A Rationale for Research

In December 1995, Child Care Visions, HRDC, awarded a research grant to the STCCP for a two-year research initiative to investigate the impact, service efficacy and viability, and structuring of emergency child care. Using the STCCP and the National Capital Region Emergency Child Care Consortium as primary objects of study, the Emergency Child Care Research Project was designed to investigate three central questions:

1. to **determine the impact** of the emergency child care service and consortium on individuals, their families (to a degree) and the organizations for which they work or are affiliated. Implications would be assessed through indicators such as absentee rates, morale, stress, co-worker support, and capacity to work overtime;

2. to **evaluate the operational effectiveness** of the STCCP, using process evaluation methods, issues and areas such as service delivery, quality of care provided, client relations (parent, consortium, caregiver), promotion, evaluation and monitoring; and

3. to **identify optimal structures and procedures of the Ottawa and other similar consortium models** which contribute or mitigate against long-term viability, and to document the best practices, common issues and case histories of five of these consortium models.

The Short Term Child Care Program and National Capital Region Emergency Child Care Consortium

Short Term Child Care

The STCCP is an Ottawa-based emergency child care service which facilitates and provides services to the members of the National Capital Region Emergency Child Care Consortium. The not-for-profit agency is administered by a voluntary board of directors comprising representatives from the child care, government and business communities.

In January 1999, the STCCP was in its fourth year of providing services to the consortium—a community-based, consortium model comprising six partners—Ottawa-Carleton District Board of Education, Nortel, Canadian Union of Postal Workers, Carleton County Law Association, Canada Mortgage and Housing Corporation, and Nepean Hydro, representing more than 1,000 families and their children.

The busy growth of the STCCP today is in direct contrast to where the agency found itself in early 1993. Originally developed as one of Ontario's flexible child care service projects, the STCCP was terminated in March 1993 with the withdrawal of 100 percent funding from the Ministry of Community and Social Services, as part of an overall government move to reduce spending.

Determined to revive the emergency child care service, to continue to respond to validated community need, the STCCP board of directors explored different models based on partnerships with other community organizations and partners. The result: the development and start-up in June 1995 of the National Capital Region Emergency Child Care Consortium.

Administered by a voluntary board of directors, the bilingual, emergency child care service is available to all employees or members of consortium partner organizations. Typically, care is provided to families for whom there has been a disruption in child care arrangements, when a child is mildly ill or when regular child care is not available. Employees/members are encouraged to register upfront with the program so that service can be implemented as quickly as possible.

Three back-up care options are available:
- in-home care where the STCCP caregiver provides care in the family home (the only option available to families with mildly ill children);
- home child care, where care is provided in the home of a provider affiliated with a licensed home child care program; and
- in licensed child care centres.

The current cost of care ranges from the least expensive option, home child care, of $26 per day, to the most expensive, in-home child care, costing $9 per hour or approximately $72 per day. Three of the consortium organizations provide subsidies to employees to cover partially or fully the costs of care. The individual consortium organizations determine the provisions regarding frequency and length of care available to employees/members.

The service is available 24 hours per day, 7 days per week, with access to placement coordinators from 6:00 a.m. to 9:00 p.m., and voice mail message system for after-hours requests. To date, the service has been able to meet 95 percent of care requests. Requests for care of children with special needs are assessed on an as-needed basis; the STCCP takes an average of 10 special needs placements per year.

The number of STCCP registrants and days of care provided have increased dramatically since the agency's reopening in July 1995. Between 1995 and 1996, growth in utilization was 84 percent, from 439 days in Year One to 806 days of care in Year Two. Projections for total days of care to be provided in 1997-98 were 943 days of care.

STCCP workers—with background and experience in early childhood education—receive customized training from the program. The quality of care provided is carefully monitored through daily phone calls to both the caregiver and parent(s), and through parent evaluations. Parent evaluations indicate a high level of satisfaction (98%—excellence rating) with the quality of the service and the "peace of mind" it provides as they meet both their home and work obligations.

National Capital Region Emergency Child Care Consortium

Consortium organizations contribute a service-access fee based on the number of employees/members and have the option of subsidizing the cost of the direct child care service. The STCCP also provides organizations with regular, detailed utilization reports and service promotion tools. Overall and continuing promotion of the service within the individual workplaces is the primary responsibility of the consortium partners.

The primary role of the STCCP, in addition to service provision, is to facilitate and coordinate activities of the consortium, including coordination and convening of partner meetings and the development of general promotional materials. Business development and administration of the consortium is currently managed through Work and Family Partnerships, the consulting group of Andrew Fleck Child Care Services.

Another innovative feature of the consortium is the participation of labour, business and public/para-public organizations in the development and operation of a community service.

For consortium partners, the emergency child care service represents a partnership with a high-quality service agency, links to other organizations, an excellent benefit for employees and members, and a stake in the development of an innovative model and a community service.

Component One—The Emergency Child Care Research Project

Objective

The overall objective of this component was to determine and assess the direct and indirect impact of the emergency child care service on individuals and their families, co-workers and employers.

Process

The study used a quasi-experimental panel study design. Employees eligible to use the service provided to emergency child care consortium partners (the experimental group) were asked to complete the "work, family and child care" survey at three points in time, beginning shortly after the service became available, and repeated twice more at six-month intervals. Similarly, respondents from two organizations that did *not* receive the service (the comparison group) were asked to complete the nearly identical survey at the same points in time. Since the study had to account for changes over time, a panel study approach was favoured over other possible designs, such as a simple "before and after" procedure, or a "one shot" retrospective study in which respondents would be asked to reflect on past experiences after the program had been operational for a few years. Response rates for each time frame were: Time One: 46 percent, Time Two: 42 percent, Time Three: 36 percent. The slight decline over time in response rates probably reflects respondent fatigue.

Statistical procedures were used to control, as much as possible, for the impact of other factors, such as age, number of children, gender, job type and marital status.

General Findings

The impact research attempted to answer one key question: *did the emergency child care program have a positive impact on employees and employers?* The answer to this question is "yes."

- A higher proportion of people who had access to, or used, the emergency child care service reported positive outcomes compared to those who had similar emergency child care issues but did not have access to the service. Except for perceived productivity, positive results were reported for all outcomes measured in the study.
- Women with at least one child under age 5 reported improvements on this measure compared to all respondents. However, the changes observed are most pronounced on the outcome variables of stress due to emergency child care situations and general work-family tension.

- For the employees in the experimental group using, or having the knowledge that one *could* use the service, reduced stress from emergency child care situations and general work-family tension. Having the service also helped to enhance the quality of relationships between spouses and between parents and their children. In effect, the service seems to have had an important positive effect on employees' personal and family life.
- While employees with lower stress, more harmonious family lives, and decreased work-family tension may well make more productive workers, more direct measures of the impact and implications for employers were also studied. In this regard, the program had a positive influence on job satisfaction, organizational commitment and absence from work, all of which have important cost and productivity implications for employers.
- For those who used the emergency child care service, the average number of days absent from work was higher for those who used the service in Time One. However, this number declined over time, so that by Time Three, the average number of days absent was approximately one day per year less than those who had access but did not use the service or did not have access to the service at all.

Component Two—STCCP Service Evaluation and Comparative Service Review

Objective

The objective of the service evaluation was to assess the operational effectiveness of the emergency child care service provided by STCCP to the members of the National Capital Region Emergency Child Care Consortium and to identify key operational and organizational issue areas integral to day-to-day operations and the continuing viability of the STCCP. The service evaluation research component was augmented by a review of comparable emergency child care services in the United States. The purpose of this comparative service review was to gather information on similar services (currently not available in Canada) to inform and contextualize the service and to enrich the overall research project with a profile of a range of emergency child care services.

Process

The service evaluation was conducted by an external consultant, Ernst and Young Management Consultants. The methodology for the evaluation was established at the outset with the Research Coordinator, Work and Family Partnerships. Primary data sources for the evaluation included over 100 interviews with STCCP staff and Board members, registered users and non-users of the service; STCCP caregivers; consortium partners; child care agency representatives; and work-family advisors. Most interviews were conducted with registered users and non-users. Secondary sources of data were developed from existing STCCP materials and service data generated by the program in areas such as trend analysis and budget systems. Primary evaluation activities included the development—with the Research Coordinator—of an evaluation issues matrix to inform key activities of the service evaluation. Specific issue areas included overall objectives of the STCCP; pricing policy; structural model; marketing; efficiency; monitoring; consortium; communications; human resources; funding options; client satisfaction; structures/model alternatives; and product/service provided.

Findings

The service evaluation review of data between 1995 and 1997 found a high level of satisfaction with the back-up service by parents, administrators, caregivers and consortium members. Use of the service by eligible workers increased steadily during the two-year period. The evaluation also found that the STCCP stresses quality care and there is a high standard of screening, selection and training of caregivers, with formal evaluations conducted by parents on both the service and the caregivers. The program was able to meet 95 percent of the demand during the review period.

The service evaluation also found that accessibility of the service to more families is a critical issue. Quality child care is expensive to provide, especially without government funding.

The evaluation recommends that parental costs be subsidized consistently (there are a range of subsidies among consortium members, from 0% to 100%), so that the cost will not pose a barrier to access. Recruitment and retention of skilled child care workers is difficult, since the work is sporadic and unpredictable. If the program follows the recommendations to expand the number of placements for children with special needs or to offer elder care, even greater efforts will have to be made to strengthen the roster of qualified caregivers.

Organizations offering emergency child care services in the United States, interviewed for the comparative service review, echoed these challenges. The organizations also indicated that stand-alone emergency child care services are difficult to sustain over time in a public-private funding model. Most of the agencies provided emergency child care services as one of a number of work/life services.

Component Three—Consortium Model Research

Objective

1. Two research objectives guided the consortium model research:to determine the key features and best practices that identify or characterize optimal structure and procedures for a consortium model involved in the delivery of a dependent care service; and

2. to test the validity of potential advantages, as identified in literature and in surveys of North American consortia or public-private partnerships (as identified in the U.S. Conference Board survey of consortia[6]), including cost-effectiveness by pooling resources and sharing costs among a number of partners; viable means for smaller-sized businesses to address child care issues; strengthening of community ties; and meeting business or labour needs.

Process

Three levels or stages of inquiry were used to identify and profile the consortium models. In addition to source interviews, promotional literature and relevant journal articles were reviewed to provide materials for case study profiles. Diversity of service and model type and the depth and interest of information available guided the selection of models to be profiled. Models were chosen to provide a "representative" sample of the types of consortia currently operating in relevant sectors across the United States and Canada (e.g. labour, business and community). Models were also chosen on the basis of the type of structure or arrangement employed.

The five public-private partnerships or consortium models profiled were: The Learning Partnership, Toronto—community-business sponsored education "collaborative or alliance"; The American Business Collaboration—corporate-sponsored, dependent care consortium; The National Capital Region Emergency Child Care Consortium—community-sponsored, labour-management emergency child care consortium; Western New York Family Care Consortium—labour-management-business dependent care consortium; and Union Local 2 Hotel Employees and Restaurant Employees and Multi-employer Hospitality Group—labour-management, multiple employer, child care and elder care consortium.

Findings

Findings in the research report[7] are presented in the form of five case studies of the consortium models. Among the reported advantages of this multiple group approach are lower costs in the provision of service and efficiencies of resources, the ability to serve more people, shared responsibility and lower risks, as well as an increase in community ties and community services. Interviewees indicated that consortia work best when their structure allows for the contributions of diverse members, both with regard to funding and the development of creative solutions to common issues.

The report indicates that there is no template for establishing or operating consortia. They are structured and function in a variety of ways. Some grow out of collective bargaining and are sponsored by labour and management; some are corporate-sponsored; and others are public-private partnerships. Ideally, says the report, consortia should have at least some government participation and funding, and should work with and provide services that are accessible to the community.

Conclusion

The findings of the Emergency Child Care Research Project impact research indicate that the emergency child care service did have a positive effect on study participants.[8] While this is a specific study confined to the experiences of a certain group of people, it is reasonable to assume that the results of this initiative reflect the real and positive effect that work/life programs can have on individuals and their organizations. Studying and measuring the impact of emergency child care presented unique challenges to the research team. The intermittent and unpredictable nature of emergency child care and relatively slow, initial utilization by parents affected the availability and consistency of research data. The experimental group sample was drawn from a population which had just been introduced to the service. As well, the Emergency Child Care Research Project was conducted in only the second year of the revived STCCP and consortium partner organizations were at the early stages of introducing the service to employees and members.

In its recommendations, the report identifies the Canadian child care community as a significant player in the development of responsive services and programs to meet the needs of Canadian families. In its front-line role as the provider of child care services, the Canadian child care community helps to identify the needs of the children and families it serves, and gaps in community services. As always, the child care community must continue to advocate for the development of high-quality, accessible and flexible child care services.

Child care agencies must play a pivotal part in the development of new and innovative work/life services. The child care community can work to ensure that services are designed to meet the needs of child and family; that caregivers are qualified and well compensated; and that delivery of these services is of the highest quality. The child care community also has the responsibility to assess its own child care programs to determine whether these services are continuing to meet the changing needs of Canadian families. As well, it can be responsive to opportunities to work collaboratively with other sectors in the development of innovative work/life services such as emergency child care.

For more information, contact Andrew Fleck Child Care Services, Ottawa: family@sympatico.ca; Elsie Chan, 613-736-1913, ext. 223; or Lyne Tremblay, 613-736-1913, ext. 278.

Endnotes

1 Lero, Brockman, Pence, Goelman & Johnson, 1993

2 MacBride-King, 1990

3 Paris, 1989

4 Spinks, 1996

5 Landis & Earp, 1987

6 Lero, Brockman, Pence, Goelman & Johnson, 1993

7 Howe & Swail, 1999

8 Ibid.

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Early Childhood Care and Education Learning Outcomes

by Malcolm Read

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Abstract

This paper describes the learning outcomes that may be reasonably expected of a graduate from a postsecondary early childhood care and education (ECCE) practitioner preparation program. The learning outcomes described are those considered essential to provide high-quality early childhood care and education.

First, the author provides a detailed section on ECCE practitioner learner outcomes and how their analyses of contextual variables and other factors underlie judgements and decisions about which knowledge, skills and abilities to apply to provide each child with the best opportunities to grow, develop and learn.

Read then builds to the base by addressing the characteristics needed to work with children with special needs, as well as infants and toddlers, and to work as an ECCE program administrator, a school-age care practitioner and a family child care provider.

Overview

Process

The process involved analyses of several documents that focussed on the qualities of ECCE practitioners and reviews by informed stakeholders across Canada. Following an analysis of documents that focussed on the qualities of ECCE practitioners, a draft paper was written that described both exemplary practices of ECCE practitioners and descriptions of the learning outcomes that could be expected of practitioners at the time of graduation from an ECCE program. A second draft paper was written of the views expressed by the reviewers. This draft was widely distributed to postsecondary instructional staff and to ECCE practitioners. Written and verbal comments were again included in the descriptions wherever possible. Significant changes in descriptions were made only when a suggestion was supported by the comments of other reviewers.

More than 40 stakeholders across Canada reviewed the first draft paper. They were selected on the basis of having written and published work that focussed on descriptions of ECCE practitioners and on the relationships of quality programs and the characteristics of ECCE practitioners. The most pertinent of the issues raised by the reviewers were variations in the use of language across the country and how we describe that practice and measure its quality. Language differences ranged from the names we use to describe ECCE practitioners (e.g. child care workers, caregivers, early childhood teachers) to the words we use to describe practice. Although not included in this paper, one province advocated for the extension of the term "early childhood care and education" to include early intervention. The glossary of terminology prepared by D. Nyisztor[1] may help to alleviate some of the problems associated with language differences.

Differences in orientation may present a more fundamental difficulty. Opinions voiced by reviewers pointed to fundamental differences in how the process of teaching, caring and learning may be viewed. The first draft paper was criticized by some because it failed to provide sufficiently detailed descriptions of competencies to be demonstrated by practitioners and graduates. These criticisms often pointed out that the draft paper contained no criteria that could be used in assessing competencies and no statements of expected levels of mastery under specified conditions. Others criticized the paper as being too objective and reductionist in its descriptions. The paper, it was argued, did not give sufficient recognition to the richness of inquiry and dialogue and appeared to be premised on a view that all that mattered could be observed and measured. Proponents of this view suggested that competent ECCE practice is built around the adult's relationship with the child—the essence of which may be unobservable or unmeasurable.

Suggestions for the second draft included the need for examples of practice to illustrate some of the descriptions given and a rearrangement of the descriptions so that the order provided a greater sense of importance.

Following the collection of the second round of reviews, this paper—the third draft—was prepared.

Limitations

A result of the process followed in constructing this paper is that it has several important limitations:

- Descriptions of the knowledge, abilities, skills and personal attributes were written to:
  - include aspects of entry-level ECCE practice, including descriptions of learning outcomes for those preparing to be administrators, and for those preparing to practise with infants and toddlers, with school-age children, in family child care, and with children with special needs;
  - reflect that early childhood practice occurs in a variety of contexts;
  - reflect that there is no single model of practice;
  - be comprehensive without being prescriptive; and
  - provide a framework that describes learning outcomes while recognizing the importance of differences in instruction and curriculum in postsecondary ECCE practitioner preparation programs.
- It provides only brief descriptions of standards of practice that may be reasonably expected of ECCE practitioners working in the field and reasonable standards for ECCE graduates have been extrapolated from these.
- No attempt has been made to suggest the time that may be needed for a person to acquire or demonstrate the various descriptions provided. However, they may be more reasonable to expect in a two-year rather than a one-year program.
- No attempt has been made to detail performance standards. This paper is intended to provide a framework of learning outcomes. Within this framework, it may be appropriate for each jurisdiction (province, region, college or university) to detail and follow its own processes in determining whether graduates have acquired the knowledge, skills and attitudes described.

Quality Practice

Early childhood practitioners are key to the quality of lives experienced by young children in both home and centre-based child care and education settings. This position paper is premised on the understanding that postsecondary ECCE practitioner preparation, and certification and evaluation practices are founded on and support a professional model of quality ECCE practitioner preparation programs.

Professional Model of Early Childhood Practice

Early childhood practice is characterized by professional judgement, decision making and relationships with children and other adults. Early childhood practitioners have the responsibility to analyse and respond to the contexts in which they care for children by making reasoned judgements and thoughtful decisions, and applying pedagogical knowledge, abilities, skills and personal attributes that will provide young children with the best opportunities to grow, develop and learn.

ECCE Practitioner Learning Outcomes

1. **ECCE practitioners' application of knowledge of how children grow, develop and learn is based on their ongoing analyses of contextual variables.**

Practitioners' analyses of contextual variables underlie their thoughtful judgements and decisions about which specific knowledge, skills and abilities to apply to provide each child with the best opportunities to grow, develop and learn. In their daily practice, they consistently demonstrate that their decisions are based on, or take into account, some or all of the following contextual variables:

Child Variables
demographics (age, gender)
development levels
abilities
relationships with others
interests
prior learning experiences
socio-economic status
cultural background
linguistic abilities
emotional states and conditions

Parent/Family Variables
parent and family support
parent and family involvement in program
family composition
family involvement in community
work environments of parent

Community Variables
community support for program
cultural pluralism
multiculturalism
provincial, national and global influences

Setting Variables
resource availability
space (indoor and out)
group size
group composition
collegial support
administrator support

Professional Variables
previous experiences
self-knowledge
prior education
particular skills and abilities

Regulatory Variables
Canadian Charter of Rights and Freedoms
provincial regulations
professional standards

> *While preparing for a field trip to a nearby park, Sue, who was responsible for a group of 4- and 5-year-old children, considered the experience from several perspectives. For example, one of the children was a recent immigrant to the city*

and she lived on the 14th floor of a high-rise apartment, another child was developmentally delayed and would have difficulty walking from the bus to the park, and another child often arrived after the time they would need to leave for the park so her parents would have to be reminded of the time. In addition, the program director would insist that Sue have adequate staff and some parent volunteers, and carry a first-aid kit. Sue had many contextual variables to consider as she prepared for this event.

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the importance of considering contextual variables when providing opportunities for children to grow, develop and learn;
- integrate knowledge of contextual variables into their decision making regarding the growth, development and learning of children; and
- evaluate the effectiveness of their knowledge, understanding and analyses of contextual variables that may influence the growth, development and learning of children.

2. ECCE practitioners compile and use information about children's growth, development and learning progress and needs.

ECCE practitioners monitor children's actions consistently and regularly to determine and respond appropriately to their developmental abilities and their learning needs. They use a variety of methods that include:

- observation and recording of children in various situations; and
- analysing children's interests, abilities, likes and dislikes.

They record, interpret and use the results of the information they gather through direct observations and other forms of authentic assessment to:

- modify their approaches to individual children;
- ensure the appropriateness of the experiences they prepare and facilitate for children; and
- determine the need for the use of intervention strategies.

With parents, colleagues and other professional personnel involved with children, ECCE practitioners assist in interpreting and understanding the results of diagnoses and assessments, and the developmental and learning implications for children.

Jeannie recalls the time she was subpoenaed to appear in court as a witness in a custody case involving a child in her room: "The mother was accusing the *father of child sexual abuse. I was able to produce my written records of her development and behaviour during this period and I think I helped the court resolve the case."*

Shannon and Marci use their observation records for many items. They listed: as a basis for their weekly plans, rearranging the room, providing other materials and equipment, working directly with a child, reporting to parents, collecting materials, and educating themselves.

When Marci first moved from Toronto to Lacombe, Alberta, she was faced with Jay, a 3-year-old boy, who was interested in and knew more about farm machinery than Marci. Through observing his play and his conversations, she quickly realized that she needed to educate herself if she was to be able to play and have meaningful conversations with him.

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the importance of observing and recording the growth, development and learning progress of each child;
- be able to select and use appropriate observation methodologies to identify children's abilities, skills and interests;
- be able to analyse their observations of children in order to:
    - prepare and provide developmentally appropriate experiences for children,
    - monitor each child's progress,
    - identify children who may have special developmental needs,
    - appropriately communicate the results of their observations,
    - assist in determining the need for the use of specific early intervention strategies;
- integrate their knowledge of each child, as obtained through direct observation, with information provided by parents, colleagues and other professionals; and
- reflectively assess the effectiveness of their information-gathering processes and modify these when necessary.

3. **ECCE practitioners base their practice on the understanding that there are many approaches to development and learning.**

Their practices consistently demonstrate that they understand and value individual differences in children; they also consistently include providing experiences that reflect their appreciation that children grow, develop and learn at different rates and in different ways.

They understand the interactivity and fluidity of growth, development and learning and that many effective approaches can be used to enable the accomplishments of developmental goals.

They recognize differences in individuals and in groups of children and include all children.

They constantly monitor the appropriateness and effectiveness of their practices and change them as needed.

> *Dean works with a mixed-age group of children—ranging from 2 to 5 years. "I have to make sure that I have materials and equipment that are safe and yet developmentally appropriate for all children when they are together. For instance, in sand play I may have some younger children simply pouring or mixing sand with water and at the same time I have older children measuring, weighing or experimenting with different materials in the sand."*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand that children grow, develop and learn at different rates and in different ways;
- integrate the knowledge of differences in children into their daily practices so that they:
  - demonstrate respect for individuals,
  - value and express the importance of diversity that exists within and across groups of children,
  - provide inclusive experiences for all children,
  - create environments that address the needs, interests and abilities of each child,
  - observe, record and monitor the growth, development and learning progress of each child; and
- evaluate the appropriateness and effectiveness of their practices for each child and change them as required.

4. ECCE practitioners consistently demonstrate a thorough understanding of the nature and sequences of normative development in children.

They establish patterns of interactions, expectations and experiences for children that reflect their understanding of the nature and sequences of normative development within various cultural contexts. Practitioners modify their interactions, expectations and the experiences they provide for children in order to meet individual developmental needs.

They provide experiences for children that promote the whole child's well-being, and all areas of development (spiritual, moral, intellectual, creative, emotional, social, physical and communicative). Practitioners provide children with experiences and materials that are developmentally appropriate.

> *Although Anita and Jenna are almost the same age, their language development is quite different. Bonnie, their caregiver, is able to hold sustained and complex conversations with Anita while her interactions with Jenna are shorter and use more gestures; she also uses simple phrases in order to match Jenna's language mode.*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand various theoretical perspectives and their implications for practice regarding normative development of children;
- integrate their knowledge of normative development into their daily practice so that they:
  - establish interactions and expectations for children that reflect their understanding of the nature and sequences of normative development within and across various cultural contexts,
  - provide developmentally appropriate and culturally sensitive experiences for children that promote the whole child's well-being and in all areas of development (spiritual, moral, intellectual, creative, emotional, social, physical and communicative),
  - provide materials and environments that are appropriately educational and challenging; and
- continually evaluate and modify their interactions, expectations and the experiences they provide for children to ensure that they are developmentally appropriate and culturally sensitive.

5. ECCE practitioners relate to each child in their care in responsive and nurturing ways.

They are available to each child—physically, emotionally, socially, intellectually and spiritually—and strive to ensure that each child knows that she or he is taken care of and authentically cared about. They respond promptly, appropriately and sensitively to each child's communication of need and interest.

Practitioners attempt to view the world from several perspectives, most particularly those of the children in their care and of their parents.

> *When you enter the room for 4-year-olds, you are immediately struck by the atmosphere that is busy, alive and welcoming. Children are engaged in play and other activities and the adults are equally immersed with them. The displays of pictures, three-dimensional art, and stories are attractively set at an appropriate height for the children. It is a place where children and adults live together for a few hours each day and in which each belongs.*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the fundamental importance of relating to children so that they establish a sense of belonging, of being cared about as well as taken care of, and of the ongoing presence and availability of a secure and sensitive adult;
- integrate this understanding into their everyday practice so that they:
  - create atmospheres of belonging, care and pedagogical thoughtfulness,
  - establish relations with children that are built on pillars of trust, concern, respect and sensitivity,
  - respond promptly, sensitively and appropriately to each child's communication of need or interest,
  - model positive, prosocial behaviours,
  - guide children in ways that help each attain a positive sense of self and that result in a positive environment,
  - act in ways that demonstrate their awareness of and respect for the perspectives of others—particularly those of the children in their care; and
- continually and reflectively evaluate their relationships with children and modify them when needed.

6. **ECCE practitioners engage with children in their daily experiences (particularly in play) as a way of valuing those experiences and promoting each child's development.**

As appropriate, practitioners engage in play and other experiences with children to role model, build relationships, develop children's understanding and skills, and to demonstrate the pleasure and value of learning. They frequently engage children in conversations that are meaningful. They share in the joys and sorrows, successes and disappointments experienced by children.

> *When 16-month-old Talus approached her with a plastic cup, Gina took the cup, placed it to her lips and pretended to drink. "Mom, nice juice," she said. Talus took the cup, looked in it, looked back at Gina and then looked across the room at his mom. He smiled, and holding the cup toward her walked back to his mom. "Juice mummy?" he asked.*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand that an important way to promote positive and holistic development in children is to engage with them in their daily experiences;
- integrate this understanding into their daily practices so that they:
  - frequently engage children in meaningful conversations,
  - frequently and appropriately engage in play with children, as another player, and demonstrate the pleasure and value of learning,
  - negotiate decisions with children as a way of living together democratically,
  - participate with children, sharing in their successes, disappointments, joys and sorrows; and
- reflectively and continually evaluate the nature of their relationships and involvement with each child and modify these as needed.

7. **ECCE practitioners create and maintain environments that are conducive to young children's growth, development and learning.**

Practitioners establish and maintain indoor and outdoor environments in which children are physically, emotionally, socially, intellectually and culturally secure. They strive to create atmospheres that are positive and stimulating and in which children experience a sense of belonging and that they truly matter. They organize spaces, materials and equipment to provide children with opportunities to play, learn and develop independently and interdependently. Practitioners work with children in establishing everyday routines that enhance and increase children's involvement in meaningful learning experiences and that help them to organize and understand their world.

> *Joan describes the room in which she works with one other adult and 13 children. "We encourage the children to take ownership of the room so we don't have too many rules about what goes where or whether you can take blocks into the sand area. We do try to keep some spaces quiet and private. We also encourage children to bring things from home both to play with and to help decorate the space. I think it works okay although it does take a lot of work to keep it sufficiently organized so that every child can use the space."*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the importance of providing children with environments that assist in their growth, development and learning;
- integrate their knowledge of important principles of creating and maintaining appropriate environments for children into their everyday practices so that they:

  - establish and maintain safe and healthy environments in which children are secure,
  - provide materials, spaces and equipment that are developmentally appropriate and stimulating,
  - create and maintain atmospheres that are positive, inspiring and inclusive, and in which all children know that they belong,
  - establish predictable everyday routines that enhance children's involvement in meaningful learning experiences,
  - organize indoor and outdoor materials, equipment and space to provide children with opportunities to play and learn independently and safely; and
- evaluate the environments that they provide for children and modify them as required.

8. ECCE practitioners engage in a range of planning activities.

Practitioners base their planning for children's experiences on several important factors, including contextual variables, their knowledge of each child, their understanding that experiences need to be worthwhile, interesting to the child, developmentally appropriate, culturally sensitive and inclusive. Their planning demonstrates the particular importance of play in the growth, development and learning of young children.

> *Holly describes the planning process used in the child care centre. "We have two main approaches to planning. Both involve the staff and the children directly and sometimes we include parents and other people from the community. In one approach, we observe the children and get a pretty good handle on their interests and then we try to build on these—figuring out what is important for children to experience or have opportunity to learn. Sometimes these plans turn into long-term projects—last year, we built a giant-sized dragon that took several weeks. This grew out of the children's interest in a particular story book and developed into a topic that some children pursued for weeks. Sometimes the planning is more spontaneous. Two children tell you that they want to play at camping. Then you sit down with them and go through a planning process—what space, materials, who else might be involved, etc.—and the children learn to do much of the planning."*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the importance of planning for the provision of children's experiences;
- integrate their knowledge and use of planning strategies into their everyday practices so that they:
  - develop plans that outline a reasoned progression toward the attainment of desired growth, development and learning outcomes for children, families and colleagues,

  - develop plans that reflect the observed abilities, interests and diversities of all children,
  - plan experiences that are developmentally appropriate, culturally sensitive, address all areas of development and are inclusive,
  - develop plans that incorporate information provided by children, parents, colleagues and other professionals,
  - negotiate with children to develop and implement plans,
  - maintain records (written, electronic, pictorial) of plans and their implementation and communicate to others the details and purposes of these plans,
  - develop plans for short-term and for long-term or ongoing experiences; and
- evaluate the efficacy of their plans and modify them as necessary so that they reflect the interests and abilities of children.

9. ECCE practitioners acknowledge and respect parents as the primary caregivers of and influence on their children's lives. They establish and maintain partnerships with the home and family.

Practitioners strive to involve parents and other family members in their children's ECCE experiences. Partnerships with home are characterized by open sharing of information. The exchange of ideas influences how professionals, parents and other family members, independently and cooperatively, contribute to the child's growth, development and learning.

Professionals engage in activities that contribute to the quality of their early childhood setting (centre or home) as a development and learning environment.

They make connections between the early childhood setting, home and community to enhance the meaning of children's learning and to assist in children's transitions from one environment to another.

> *Chris tells of an experience with a toddler who was caught in the middle of a family problem. "Amanda was being raised by her maternal grandmother. She had been granted custody of the child when the mother was found guilty of selling drugs. However, the child still spent time with her mom but always with supervision. This was very confusing for everyone. Amanda expressed her anger and confusion by biting and hitting. The grandmother and eventually the mother learned to trust the centre and would spend lots of time there asking for advice or just watching the caregivers with Amanda. We were able to help raise their levels of confidence in parenting Amanda and referred them to other community services we thought might be helpful."*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the primary role of parents in the lives of children and the importance of maintaining strong links with family and home;
- integrate and apply their knowledge of relationships with parents, family and home so that they:
  - establish and maintain open and frequent communication between the ECCE program and the child's parents, family and home,
  - demonstrate respect and provide support for different family structures and diverse parenting practices,
  - actively and meaningfully involve parents and other family members in their child's ECCE experiences,
  - provide resource information to families regarding child care, parenting and other community services; and
- continually reflect upon and evaluate the quality of their relations and interactions with parents and families and modify these as required.

10. ECCE practitioners work collaboratively with others in the community who work with children and families.

They work with other professionals to develop, coordinate and implement programs, activities and experiences that characterize effective and quality ECCE settings.

They work cooperatively and in collaboration with other early childhood practitioners and with early childhood professional associations.

Practitioners seek out and incorporate community resources into their practice of caring for and educating young children, and encourage and support children and families to use community resources.

> *Stacie works with Jason, a 3-year-old child with special needs. She attends case conference meetings with other professionals and with Jason's parents to discuss his progress and needs for therapy or other forms of intervention. Over time, she has established herself as a valuable member of this transdisciplinary team and makes valuable contributions toward Jason's care and development.*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand their roles within and across communities that are concerned with the well-being of children and families;

- integrate and apply their knowledge of working collaboratively with others so that they:
  - identify and communicate appropriately with other community services,
  - refer, encourage and support children and families to use community services,
  - include community services in their planning and in the experiences they provide for children,
  - work as a team member with other professional personnel,
  - establish and maintain professional networks within the ECCE community and with other community service professionals,
  - link in substantive ways with others in the community who have (or will have in the near future) direct responsibilities in the care and education of children (particularly early elementary schools); and
- evaluate the effectiveness of their community links and collaboration with others and to change these as required.

11. ECCE practitioners are well prepared.

They understand that many events and experiences with young children occur spontaneously and strive to make sure that they are fully prepared to respond appropriately and to enhance the child's initiated "moment of learning."

They make many decisions each day and do so within a framework of knowledge, understanding and thoughtfulness that ensures their appropriateness. Given that many situations require immediate response, practitioners' actions are founded on reflection of previous practice and on observations of the practices of others.

They maintain and monitor their own physical and psychological health.

> *Gerry regularly completes different tasks in her effort to remain focussed, energetic and prepared for her work with children. She tries to remain physically well by watching her diet and exercising regularly. Sometimes she walks to work, and sometimes she visits the local fitness centre. She is an active member of her local ECCE professional association and subscribes to the journal and attends several workshops each year. She is constantly on the lookout for ideas for children—sometimes she finds a good story in the library or a toy or piece of equipment at a garage sale. She discusses her work with colleagues and friends and sometimes they give her good ideas.*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the importance of being well prepared in order to work effectively with young children;
- integrate and apply this understanding into their daily practice so that they:
  - monitor and maintain their physical and psychological health,
  - base their actions and decisions on reflections of previous practice and on observations of the practices of others,
  - maintain the integrity and currency of their practice through active involvement in professional development activities; and
- evaluate their own preparedness for working with children and modify their behaviours as necessary.

12. ECCE practitioners recognize and act according to the legal, moral and ethical frameworks within which they work.

They recognize that they are bound by standards of conduct expected of a caring, knowledgeable and reasonable adult. They also recognize that they are bound by those established through legislation and their professional affiliations.

Practitioners recognize that their actions are bound in moral, ethical and legal considerations regarding their responsibilities and obligations to children, parents, colleagues, administrators, communities and society at large.

> *Devon's parents were very angry the day he went home with teeth marks on his arm. They were both at the centre early the next morning demanding to know what was going on and, more importantly, the name of the child who had bitten Devon. Gerry was worried about talking to them but she knew that she should describe what had occurred and explain the developmental perspective on 15-month-old children and biting, and the procedures that she and other ECCE practitioners in the centre used. On no account could she disclose the name of the other child.*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- know and understand the standards of conduct expected of ECCE practitioners as determined by local, provincial/territorial or national legislation and by the ethical standards established by the profession;
- integrate and apply these standards of conduct consistently as a part of their daily practice; and
- reflectively evaluate their conduct in light of the expectations of society and the standards of the profession and adjust their actions when needed.

13. ECCE practitioners strive to maintain the integrity of their practice and to enhance the lives of children and families.

Practitioners recognize the need to remain current in their practices and to continue to enhance the lives of children and families. They engage in thoughtful and reflective conversations and other forms of exchange with colleagues, children, parents and other professionals. They seek to prevent unreasonable certainty in their practice and remain open to the perspectives of others. They continue to advocate on behalf of the well-being of children and families and to search for ways to improve the ECCE profession.

> *One of the benefits of membership in a professional association is the opportunity both to read other people's opinions about a wide range of topics, to meet other practitioners and to discuss issues ranging from how to deal with a difficult child to planning advocacy strategies for improved child care services.*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the professional responsibilities of maintaining professional integrity in their practice, working to enhance the lives of children and families, and improve the ECCE profession;
- integrate and apply this understanding into their daily practices so that they:
  - engage in thoughtful and reflective conversations and other forms of exchange with colleagues, children, parents and other professionals,
  - participate with other ECCE practitioners in advocating for services to children and families and for improvements in the ECCE profession,
  - actively contribute to the bodies of knowledge and practices regarding the provision of quality ECCE services,
  - maintain an openness to the perspectives of others and guard against unreasonable certainty in their own practice; and
- evaluate the extent to which they continue to meet these professional responsibilities and to make changes as necessary.

14. ECCE practitioners are lifelong learners.

ECCE practitioners engage in ongoing professional development to enhance their:

- understanding of children and families;
- understanding of and ability to analyze the context of their practice;

- ability to make thoughtful and informed decisions and judgements;
- personal qualities and the nature of their own learning and growth, especially matters of relationship with children; and
- knowledge and abilities that enhance the lived experiences of young children and their families.

Practitioners guide their actions through understanding the purposes of providing care and education to young children. They seek to refine and redefine their understandings in light of ever-changing contexts, new knowledge and understandings, and their experiences.

They maintain a core understanding of and commitment to providing young children with the best possible opportunities to grow, develop and learn. They understand that such a commitment is the primary basis of professional development throughout their professional careers.

> *Julie started her career as an ECCE practitioner when she left school at 18. She completed a certificate program by attending college for one evening each week. By the time she finished, she was keen to go back to school full time. She enrolled in a diploma program, noting that it transferred to a university undergraduate degree program at a university in another part of the province. She was enjoying her work, learning from that experience and continuing to learn from her formal education.*

Therefore, it is necessary that graduates have the skills, abilities and attitudes that enable them to work independently and with others to:
- understand the importance of remaining lifelong learners;
- integrate and apply this understanding into their daily practice so that they:
  - reflect and build on previous experience and knowledge,
  - identify, plan and implement personal and professional development experiences,
  - contribute to the professional development of other ECCE practitioners,
  - keep abreast of new understandings about how children grow, develop and learn,
  - contribute to discussions and changes in public social policy that affect children, families and ECCE practice,
  - act in ways that consistently demonstrate their ongoing commitment to the well-being of children and families; and
- monitor their professional progress and make changes when necessary.

Working with Children with Special Needs

This section of the paper addresses learning outcomes that may be reasonably expected of a graduate from a postsecondary ECCE practitioner preparation program who intends to work with young children with special needs. The core learning outcomes described in the first section provide the comprehensive base for all practices with young children. In most cases, differences in the roles of the ECCE practitioner and the ECCE practitioner (special needs) relate more to the focus and intensity of particular skills than on fundamental differences in knowledge, skills and abilities. There are, however, additional areas of knowledge, skills and attitudes that may be considered essential for those whose work is focussed on children with special needs.

1(S) ECCE practitioners (special needs) acknowledge the central role of families in early childhood care, education and intervention.

In addition to the descriptions provided in #9 in the previous section, ECCE practitioners (special needs) demonstrate respect and support for the particular complexities that may exist in a family that includes a young child with special needs.

They collaborate with families so that joint decision making regarding the child's development and learning are consistently practised. Although the primary focus of the practitioner is the well-being of the child, the practice may also be described as "family-centred."

Therefore, it is necessary that graduates who intend to work specifically with young children with special needs have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the particular stresses and complexities that may be experienced by a family that includes a young child with a disability;
- integrate into their daily practice strategies that maintain close and productive relationships with these families; and
- monitor the effectiveness of their interventions and the inclusion of the child into ECCE settings with a particular focus on the perspective of the family.

2(S) ECCE practitioners (special needs) interpret and conduct authentic assessments that assist in determining a child's specific developmental and learning needs.

In addition to the procedures described in #2 in the previous section, ECCE practitioners (special needs) participate in both formal and informal assessment procedures to determine a child's needs and assist in program planning and implementation. These assessment procedures may include diagnostic and performance assessments.

They combine the results of their assessments with those of other professionals and communicate the results to the family and other professionals in appropriate ways.

Therefore, it is necessary that graduates who intend to work primarily with young children with special needs have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand a variety of appropriate diagnostic assessment tools and performance assessment methods and their usefulness in assisting young children with special needs;
- synthesize information obtained through formal and informal means, by themselves and others, to assist them in providing developmentally appropriate experiences for the child, and making appropriate decisions regarding the child's development and learning progress and needs; and
- consistently evaluate the processes by which children are assessed and their appropriateness and value in assisting the child's development and learning.

3(S) ECCE practitioners (special needs) base their practice on an understanding of the developmental and learning implications of developmental delays and of specific disabilities.

In addition to descriptions provided in #3 and #4 in the previous section, they are able to identify specific disabilities and to describe common characteristics and etiologies.

They demonstrate use of various strategies that promote children's developmental progress in all areas and minimize the chance of additional delays.

Therefore, it is necessary that graduates who intend to work primarily with young children with special needs have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the developmental and learning implications for children with developmental delays and specific disabilities;
- have knowledge of the characteristics and etiologies of common areas of disability in children;

- integrate knowledge of the two points above and demonstrate an ability to use strategies that facilitate development and learning in all areas and prevent additional delays; and
- consistently monitor their knowledge and strategies so that they remain current and effective.

4(S) ECCE practitioners (special needs) work effectively in a diverse range of community settings and promote the inclusion of all children.

In addition to #8 in the previous section, ECCE practitioners (special needs) value and promote the inclusion of children with special needs in programs along with their typically developing peers.

They assist their ECCE colleagues and others concerned with the care and development of children to gain sufficient knowledge about the needs and abilities of young children with special needs to enable those children to be fully included in the program.

They work directly with children with special needs and with their more typically developing peers to ensure application of developmentally appropriate practices for all children.

Therefore, it is necessary that graduates who intend to work primarily with young children with special needs have the skills, abilities and attitudes that enable them to work independently and with others to:
- understand the philosophy of inclusion and its implication for practice;
- articulate and demonstrate their understanding of the philosophy of inclusion to professional colleagues and others; and
- monitor inclusion practices (their own and those of their colleagues) and effect changes when necessary.

Working with Infants and Toddlers

In this section, infants and toddlers (I&T) are defined as children up to 3 years of age. Children from newborn until they walk (typically around 12 months) are described as infants; and those from 13 months to 3 years are considered toddlers. The core learning outcomes described in the first section provide the comprehensive base for all practices with young children. In many instances, differences in the roles of the ECCE practitioner and the ECCE practitioner (infant and toddler) relate more to the focus on particular skills than on fundamental differences in knowledge, skills and abilities. There are, however, additional areas of knowledge, skills and attitudes that may be considered essential for those whose work is focussed on infants and toddlers.

1(I&T) ECCE practitioners (I&T) respond to each child's behaviour as an act of communication.

They interpret all vocalizations, physical gestures and verbalizations of children as communication and respond in a mode and manner that is reassuring and meaningful to the child.

They focus particularly on ensuring that their physical actions and the words they say are congruent.

They pay particular attention to the need to listen and watch as well as to talk to infants and toddlers, and to encourage and model turn taking in communication.

Therefore, it is necessary that graduates who intend to work primarily with infants and toddlers have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand that very young children, with limited and sometimes unintentional communication abilities, require adults to be attentive and willing to interpret their behaviours;
- integrate this understanding into their daily practices so that explanations are given to the child before, during and after any actions and so that they respond consistently and congruently to the child's actions, vocalizations and verbalizations; and
- continually monitor their responsiveness to infants and toddlers to ensure that they are learning each child's forms of communication and are responding appropriately.

2(I&T) ECCE practitioners (I&T) understand the critical importance of establishing trust and security in young children.

They behave in ways that are predictable to the children and respond promptly to the child's expressed or unexpressed needs and interests.

They are present for the children and give their attention to them even when the children have not initiated an interaction.

Therefore, it is necessary that graduates who intend to work primarily with infants and toddlers have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the critical importance of establishing a sense of trust in infants and toddlers;
- integrate this understanding into their daily practice so that they behave toward the children in ways that are reassuring, empathetic, dependable and sensitive; and
- evaluate their relationships with each child to ensure that they are meeting the needs of each child and to make changes when necessary.

3(I&T) ECCE practitioners (I&T) base their practices on the knowledge that all experiences are learning experiences for infants and toddlers.

They recognize that children learn through their senses and provide opportunities for children to explore their world through interaction with a wide variety of materials.

They understand the significance of their roles as adults with whom children will form attachments, as well as their roles as providers and facilitators. The learning opportunities they provide for children include the routines of feeding, toileting, dressing, washing and napping, as well as opportunities for play and exploration.

Therefore, it is necessary that graduates who intend to work primarily with infants and toddlers have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the particular importance for infants and toddlers to learn about themselves and their world in a variety of ways;
- integrate this knowledge into their daily practices so that they provide opportunities for children to learn from their interactions with a variety of sensory materials and from their routine interactions with adults; and
- consistently monitor the experiences they provide for children to ensure that they meet each child's developmental needs.

Working as an ECCE Program Administrator

The learning outcomes that may be necessary for a graduate from an ECCE Administration preparation program are quite different from those described in the previous sections. However, implicit in the position of administrator (A) is the notion that the person is competent in working with children and families and has the skills, abilities and attitudes already described. Preparation as an administrator is built on these already established core qualities. The learning outcomes described below are based on descriptions provided by Doherty's *Standards of Practice*[2] and Ferguson's *Child Care Administrator Credentialing: A Work in Progress*.[3]

1(A) Administrators demonstrate knowledge of best practices in human resource management.

They provide for ongoing staff development.

They supervise and guide staff in ways that lead to their growth and development and to the development of cohesive and congruent teams.

They are familiar with and make decisions that fall within the parameters of good practice as described in provincial/territorial and national legislation regarding personnel and employment practices.

Therefore, it is necessary that graduates who intend to work as ECCE program administrators have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the need to remain current in their knowledge and practice of what constitutes "best practice" in human resource management;
- integrate this knowledge into their daily practices so that it is reflected in the program's staff employment and development policies and practices; and
- regularly evaluate the human resource policies and practices in the program and update these as deemed necessary.

2(A) ECCE administrators demonstrate best practices in financial management.

Their planning includes well-reasoned budget planning that takes into account various sources of revenue, including parent fees, government subsidies and other forms of fund raising; and the projected range of expenditures, including staff payroll, purchasing supplies, services and resources, and facility costs.

They ensure that the policies, procedures and practices that are in place support the management of cash flow, including the collection of parent fees, invoicing, payment of staff benefits and petty cash.

Therefore, it is necessary that graduates who intend to work as ECCE program administrators have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand all the factors that have to be taken into account to develop a reasonable budget that addresses both staff and non-staff requirements;
- integrate this knowledge into their daily practices so that they are able to:
  - write a proposed annual budget, together with rationales,

  - articulate how they will follow the budget, making adjustments as needed,
  - detail policies and procedures they will follow to ensure successful management of the budget (e.g. payroll deductions, payment of casual staff); and
- monitor the planned budget in light of actual revenues and expenditures and make adjustments or recommendations for adjustments as necessary.

3(A) ECCE administrators demonstrate a sound understanding of the standards required to operate an ECCE program.

They are familiar with the pertinent legislation that regulates child care operations, including health, fire and safety, and legislation related to child protection, child abuse, and confidentiality. They act in accordance with legislation that governs employment standards for staff.

Therefore, it is necessary that graduates who intend to work as ECCE program administrators have the skills, abilities and attitudes that enable them to work independently and with others to:

- have knowledge of the specific requirements of pertinent legislation and regulations;
- integrate this knowledge into their daily practice so that they are able to develop and provide rationales for policies and practices that must be in place to meet these legislated requirements; and
- evaluate the extent to which the program meets legal obligations and make adjustments in policies and practices as needed.

4(A) ECCE administrators use clear and effective communication to provide leadership to the program and the community.

They demonstrate a range of leadership skills, including the ability to speak publicly on issues related to the well-being of children and families; they motivate others, have negotiation skills and use various decision-making techniques that reflect mature judgement and reflective practice.

They interact appropriately and effectively with various stakeholders, including parents, other professional agencies, government personnel and the general public.

Therefore, it is necessary that graduates who intend to work as ECCE program administrators have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the importance of providing leadership to the program and to the community;
- integrate knowledge of all that is involved in becoming an effective leader and demonstrating:
  - effective oral and written communication skills, including public speaking,
  - various strategies for motivating others,
  - the ability to identify important stakeholders and various appropriate ways of working with them,
  - the ability to make decisions that are based on mature judgement and reflection on previous practice; and
- evaluate their leadership abilities and effectiveness and make changes as needed.

5(A) ECCE administrators maintain a high standard of care and education for children.

They hire well-educated, knowledgeable staff who are sensitive and motivated to provide high-quality ECCE services for young children and their families.

They support staff in their efforts to provide experiences for children that are developmentally appropriate, culturally sensitive and worthwhile.

They ensure that the environments within which children receive their care and in which practitioners work are safe and healthy and conducive to development and learning.

Therefore, it is necessary that graduates who intend to work as ECCE program administrators have the skills, abilities and attitudes that enable them to work independently and with others to:
- understand the importance of:
  - hiring staff who are well educated, particularly in areas that relate directly to child development and learning,
  - providing a range of supports to staff as they provide experiences for children, including professional development opportunities, having access to people and material resources, and receiving appropriate compensation for their work,
  - ensuring that environments are appropriate, safe and healthy for both young children and the adult practitioners who care for them;
- integrate this knowledge into their daily practice so that they:
  - develop criteria for hiring staff and accurately reflect their expectations in job descriptions, descriptions of working conditions and in personnel policies,

  - develop policies and practices that assist staff in maintaining the integrity of their practice and offer direct support in their daily efforts with children and families,
  - describe and maintain policies and practices that ensure that the spaces in which children and practitioners live and work meet the needs of both groups—providing for privacy, safety, health—and ensuring that the spaces promote development and learning of all children; and
- use a variety of means (internal and external resources) to evaluate the quality of the program provided for children and the satisfaction of staff on a regular and frequent basis (at least annually).

6(A) **ECCE administrators demonstrate a range of professional attributes.**

They behave openly and honestly in all aspects of their work. They participate in and contribute to professional associations. They actively advocate on behalf of children, families and ECCE practice. They establish and maintain professional relationships with people inside and outside the program. They keep all matters confidential.

Therefore, it is necessary that graduates who intend to work as ECCE program administrators have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the importance of behaving in a professional manner;
- integrate this knowledge into their daily practice so that they consistently demonstrate an ability to:
  - maintain an ethical standard of work and conduct,
  - develop strategies that enable them to advocate on behalf of others and themselves,
  - establish and maintain professional relationships with others; and
- reflectively monitor the professional standards of their work and behaviour and adjust these as necessary.

Working as a School-Age Care (SAC) Practitioner

School-age children here are defined as children from 6 to 12 years of age. Typically, school-age care involves practitioners providing for groups of children for one or two hours before school formally begins in the morning, and for one or two hours after school has formally ended for the day. In some instances, SAC also involves caring for children at lunch time on a school day and for whole days when the school is closed for professional/teacher days, for example. The core learning outcomes described in the first section provide the comprehensive base for all practices with young children. Differences in the roles of the ECCE practitioner and the ECCE practitioner (SAC) may relate more to the focus on particular skills than on fundamental differences in knowledge, skills and abilities. There are, however, additional areas of knowledge, skills and attitudes that may be considered essential for those whose work is focussed on school-age children.

1(SAC) ECCE practitioners (SAC) recognize the particularneeds of children 6 to 12 years of age, and encourage and support children's efforts to initiate their activities and to engage in autonomous behaviour.

They demonstrate respect for the children and awareness that they may need to participate in activities that allow them to relax and to unwind from more formal and teacher-directed activities.

They provide a variety of choices for children to select activities that interest them.

Therefore, it is necessary that graduates who intend to work as ECCE practitioners (SAC) have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the developmental needs of children in school-age care with particular regard to their ages and to the context of the caring;
- integrate this understanding into their daily practice so that they provide children with various opportunities to participate in group or individual activities, designed to meet educational or recreational purposes; and
- continually monitor the effectiveness of the program in how it meets the needs of the children and make changes as necessary.

Working as a Family Child Care Provider

A family child care provider (FCCP) is defined here as an ECCE practitioner who cares for other people's children in her own home. The provider may be licensed under provincial/territorial or municipal legislation or may be contracted to an approved or licensed agency. Family child care providers may operate without a licence or any other form of government approval. In these cases, they may be restricted in the number of children they care for or in the availability of government subsidies. Typically, the provider will care for a small group of children (sometimes including her own) that may range in age from infants under 12 months to school-age children up to 12 years. The core learning outcomes described in the first section provide the comprehensive base for all practices with young children. Differences in the roles of the ECCE practitioner and the ECCE practitioner (FCCP) relate more to the focus on particular skills than on fundamental differences in knowledge, skills and abilities. There are, however, additional areas of knowledge, skills and attitudes that may be considered essential for those whose work is focussed on caring for children at home.

1(FCCP) Family child care providers demonstrate effective organizational and administrative skills.

They determine the boundaries of their practice concerning the time, space, number and ages of children to be enrolled, and relationships with a contracting agency and/or a government official or department.

They communicate the purposes and limits of their service plans to parents, contracting agencies and the appropriate government departments.

Therefore, it is necessary that graduates who intend to work as ECCE practitioners (FCCPs) have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the legal, business and service requirements and limitations to operate a family child care home and the effects of decisions regarding the time, space and relationships that will be a part of the service plan;
- integrate this knowledge into daily practice so that they are able to:
  - develop a business plan that is focussed on meeting the needs of children and families, together with a planned budget and administrative policies and procedures that support the budget,
  - determine the boundaries of the services that they will provide, taking into account their own needs and the needs of children and families,
  - communicate the details of their proposed services and business plan to the appropriate parties—parents, agencies and government departments; and
- monitor the effectiveness of the services they provide and the success of the business planning and make adjustments as necessary.

2(FCCP) Family child care providers provide worthwhile and developmentally appropriate experiences for children of various ages.

ECCE practitioners (FCCP) provide environments and experiences for children that are safe, healthy, developmentally appropriate, worthwhile and culturally sensitive.

Therefore, it is necessary that graduates who intend to work as ECCE practitioners (FCCPs) have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the particular complexities that may be associated with providing care to multi-aged groups of children;
- integrate this understanding into their daily practices so that they:
  - ensure that materials and environments are safe and healthy for all children,
  - prepare and plan appropriate experiences for all children, recognizing that variation in age will affect how a child interacts with other children and with objects; and
  - continually evaluate the effectiveness of the experiences they provide for each child and make adjustments as needed.

3(FCCP) Family child care providers provide appropriate nutrition for children of various ages.

They work with parents to develop eating schedules and to plan nutritious meals and snacks that support the healthy development of each child.

They ensure that food is stored, prepared and served in safe and healthy ways.

They ensure that snack and meal times are pleasant social events for children and adults.

Therefore, it is necessary that graduates who intend to work as ECCE practitioners (FCCPs) have the skills, abilities and attitudes that enable them to work independently and with others to:

- understand the importance of providing good nutrition to children;
- integrate this knowledge into their daily practices so that they:
  - work with parents to establish schedules and routines for feeding that are developmentally appropriate and culturally sensitive, and meet individual needs,
  - ensure that snack and mealtimes are pleasant social experiences for children,
  - ensure that food storage, preparation and serving follow sanitary guidelines as established by health authorities; and
- continually monitor the nutritional needs of each child and their effectiveness in providing for those needs, making adjustments as necessary.

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1. Nyisztor, 1998
2. Doherty, 1997.
3. Ferguson, 1997.

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Infants and Toddlers in Canadian Multi-age, Childcare Settings

Age, Ability and Linguistic Inclusion

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Abstract

This report presents research in the early childhood care and education field regarding factors that enable or restrict the inclusion of infants and toddlers in multi-age groupings in licensed child care centres in Canada. First, the authors review literature on multi-age groupings for 0 to 8 years of age. The following section outlines how each of the nine component studies in the multipronged approach related to the authors' four research areas (policy, practice, safety and education). Pedagogical practices that enable or restrict the ability to run a successful multi-age program are examined.

The authors also present data on injuries of children in a multi-age grouping at the Ryerson Early Learning Centre in Toronto. Educating teachers for working in such groupings is covered, as are key findings relating to future directions. One section is dedicated to Aboriginal child care. Te final section lays out 38 recommendations for centres that may wish to make the transition to multi-age groupings.

Overview

Considering Multi-Age Groupings as a Viable Child Care Option

The project described in this document was intended to enhance our understanding of the factors affecting quality of child care and outcomes of alternative models of care and education. The overarching question of the study was how multi-age grouping models can meet the needs of children, families, caregivers and student teachers in early childhood settings.

Multi-age groupings, within a group, licensed child care centre, refers to the placement of children of different ages together in activity and learning areas for substantial portions of the daily schedule. Other terms that have been used to describe such arrangements in both child care and school systems include "sibling-groups," "one-room schoolhouse," "family," "mixed-age," *"aldersintegrerede institutioner"* (age-integrated centres) and "cross-age groupings." In our work, we have focussed on the inclusion of infants in multi-age groupings in licensed child care centres in Canada.

Because of the increase in the number of working mothers, more young children are being placed in child care settings. According to the 1996 Canadian census, there were 800,590 families whose youngest child was under five years of age and both parents or the lone parent was in the paid labour force.[1] Although most of these families need some support caring for children during working hours, only 294,000 full-time centre-based spaces are available.[2] Governments are thus looking at various ways of providing quality child care services. This is happening at a time of policy flux in Canada when provinces and territories are urged to focus on deficit reduction and cutting services. On the other hand, there are indications that governments are paying attention to recent reports calling for the need for careful investments in early childhood education (ECE) services.[3]

Recently, the number of multi-age situations in Canada has increased, and there are calls for further such increases. Flexibility is needed particularly when working in rural settings, with migrant families and with families facing various challenges.

In the last 15 years, changes in cultural and ethnic diversity of the population, along with a move toward increased economic efficiency, have resulted in reopening questions of quality of care and optimal grouping models for young children. The issues have also arisen in relation to children with disabilities. Educators and policymakers have continued single-age groupings on the basis of presumed cognitive and social benefits, yet the research to back up this position has generally not been done. In fact, some current researchers have concluded that multi-age grouping may be one constituent of educational environments promoting high levels of learning and development.[4]

There is now a growing body of literature documenting multi-age groupings in primary schools. This literature has been reviewed by Gaustad[5] and Miller.[6] Particular attention has been paid to the academic and social effects on children,[7] assessment and parental concerns[8] and the complexity of implementation.[9]

In the field of early childhood education, scholars have begun to question whether patterns and concepts in development apply to everyone regardless of context.[10] In searching for alternative and better ways of conceptualizing children's development, many educators have turned to approaches derived from the sociohistorical school of Russian psychology as exemplified in the work of Vygotsky,[11] Leont'ev,[12] Super and Harkness[13] and Rogoff.[14] Vygotsky proposed a developmental and contextual analysis of children's actual performance level in a given domain. A basic construct was that a phenomenon existed first on a social plane before it was appropriated by the individual. Vygotsky and colleagues sought to define and measure potential development and to assess the difference between the potential and actual development, labelled the Zone of Proximal Development (ZPD). The ZPD involves functions that have not yet matured but are in the process of maturing. Vygotsky also proposed the notion of "psychological tools" to explain how children come to be socialized into their culture and internalize cognitive and social skills. Apprenticeship — collaboration with adults or more competent peers who bring different perspectives to bear upon a problem — is key to aiding children's social, emotional and cognitive development.[15] A plausible inference is that multi-age groupings may particularly facilitate such learning processes in children.

Until the 1920s and 1930s, multi-age groupings were common in Canadian and North American schools. As Bronfenbrenner[16] observed in the United States, during the 1940s and 1950s children came to be segregated into homogeneous age groups. He related this to a breakdown in the socialization process. A complementary explanation may be that the universal age-stage theories became popular among educators, who assumed that children should learn the particular skills of their own stage before being exposed to higher-level tasks. Although the claims that age and grade divisions were beneficial were generally not documented, this custom became an almost universal practice.

In a study of 436 neighbourhood children, Ellis, Rogoff and Cromer[17] found that children were in groups of the same age only 6 percent of the time. Although many have become accustomed to the idea of segregation, children do not select this system of organization. Historically, home situations gave children the opportunity to interact with children of different ages, but current small families and typical child care tend to be highly age segregated. Advocates for effective education with diverse populations have become involved in promoting multi-age settings because such settings are thought to be more congenial to family atmosphere and preservation of language and cultural values.[18] The effect of siblings is currently being investigated for populations of children with special needs as well as those undergoing difficulties and transitions.[19]

In Aboriginal populations, the notion of age segregation for young children is highly problematic and can interfere with cultural teachings. Multi-age groupings fit naturally with traditional Aboriginal child-rearing patterns. In certain European countries such as Denmark, the Netherlands and Sweden, the move toward multi-age groupings has evolved as part of a growing effort to meet the needs of children and families and to promote interactions between children that stress the values of non-aggression, cooperation and a sense of social responsibility.[20] It is important to note, however, that such groupings take place within the context of a well-supported, well-funded system that guarantees high-quality child care for all children regardless of parental employment status.[21]

Given the many valid reasons for considering multi-age groupings as a viable child care option, questions arise regarding how they are working, how they are set up, and whether there are positive results. It is not known whether such groupings can be supportive of diverse families, and whether they serve to increase tolerance, empathy and understanding. Can they be a vehicle for supporting home language and culture? With ages and stages being questioned, is this a model that can help teachers see that "developmental level" depends on a person's experiences, and that it is multidirectional and has no one specific course of maturation?

This report presents research in the area and evidence regarding factors that enable or restrict the inclusion of infants and toddlers in multi-age groupings.

The Summary sets out findings in each of the four project areas.

The first section provides a review of the literature on multi-age groupings for 0 to 8 years of age.

The second section outlines how each of the nine component studies in our multipronged approach provided data related to our four research areas.

The next section provides an analysis of provincial/territorial policies, legislation and regulations. Also included are recommendations for policymakers wishing to consider multi-age groupings and for operators wanting to embark on a dialogue with their licensing personnel.

Following is a section that lays out practices that have been found to enable or restrict such groupings.

The fifth section gives data on injuries of children at the Ryerson Early Learning Centre over the past four years.

Next, findings are highlighted in the area of educating teachers for working in such groupings.

The seventh section provides an integrative discussion of key findings as they relate to future directions.

Following is a section that reviews Aboriginal child care. Although we were unable to conduct extensive site visits in Aboriginal communities, we recognize the importance of addressing an Aboriginal perspective. As a result, we invited two experts in the area of Aboriginal child care to reflect on how multi-age groupings relate to Aboriginal perspectives.

Finally, the last section gives 38 recommendations in the areas of policy, practice, safety and education.

References and appendices are also included.

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Summary

The Ryerson Multi-Age Early Childhood Education study was conducted between April 1996 and March 1999 to provide an overall understanding of how multi-age grouping can be used in group, licensed, early childhood settings in Canada to meet the needs of children, families and caregivers. The term "multi-age groupings" is used in a particular way, to refer to the placement of children of different ages together in activity and learning areas for substantial portions of the daily schedule. In particular, the focus of this report is on the inclusion of infants and toddlers with preschool children in licensed child care centres across Canada.

The study had several purposes. One was to determine how Canadian provincial/territorial policies that relate to the inclusion of infants in multi-age settings are interpreted by people in the field, and how centres operate within such legislation. A second reason was to determine the pedagogical practices that enable or restrict the ability to run a successful multi-age program. Third, we wanted to explore the evidence regarding safety of infants within multi-age groupings. Fourth, it was important to determine how student teachers are supported to develop inclusive activities and programs for children in multi-age groupings. Thus, the overall study was designed to present an informed view of evolving multi-age practices in child care centres in Canada.

The methodology was a multi-pronged approach consisting of nine component studies designed to provide triangulated data related to the specific research questions. Interviews with provincial/territorial policymakers and an extensive review of existing legislation were conducted. Responses to two surveys provided information regarding the activities of group, licensed child care centres operating with multi-age groupings (N=110) and institutions across Canada (N=87). Site visits to 12 Canadian child care centres were conducted to gain an in-depth understanding of multi-age grouping arrangements. These visits included focus groups with family members and observations of older and younger children enrolled in the programs. Finally, a set of studies was conducted at the Ryerson Early Learning Centre to shed light on the process of moving to multi-age groupings, the safety of infants, and reconsideration of quality and assessment issues. The Ryerson Early Learning Centre operates with three groups of 16 children aged 3 months to 4 years of age, each with three teacher preceptors. "Director Discretion" was granted to allow for group size modifications. All 10 teachers have degrees in ECE and the student teachers provide ratio enhancement.

Project Research Area I: Policy

The findings of the overall project indicate that in many cases, the move toward multi-age groupings represents a response to family and community values. Many policymakers appear to have a strong interest in multi-age groupings, yet are proceeding with caution. Decisions about multi-age groupings are being considered in the context of maintaining the significant gains that have been made in the past decade to ensure that child care standards are elevated so quality child care can be provided.

In most provinces and territories, there are provisions for prorated staff–child ratios for centres that have multi-age groupings. Provincial/territorial policies affecting the inclusion of infants and older children are described in five patterns: the existence of enabling legislation with consultation or minimal restrictions; walking children are separated from infants not yet able to walk; infants and toddlers must be separated from older children in the outdoor playground; the ratio for the youngest child must be maintained; and infants are not permitted to be grouped with older children.

An important finding of this project is that there are misunderstandings about the restrictions on mixing infants with older children. Recommendations are made for child care centres considering a move to multi-age groupings. These include developing an understanding of the complexity of the transition process, taking steps to provide additional staff education, and assurances that such groupings are not to be initiated as a cost-saving measure.

Recommendations are made for policymakers considering drafting of policy guidelines and other official directives that more generally enable multi-age groupings. A gradual process in consultation with the community and in response to what the community perceives to be its needs and goals is outlined.

Project Research Area II: Practices

The question of what pedagogical practices facilitate or restrict the ability to run a successful multi-age program is addressed with findings reported in the following areas: community issues; focus on children (walking and non-walking infants, siblings, children with special needs); attachment and transition issues; playground arrangements; and ensuring the provision of sufficient challenges for older children. A list of anecdotal questions (the Support Assessment Guideline) is suggested for planning, child observation and teacher–family conferences.

Evidence is given for the following findings:

- Infant children who are not yet able to walk can, in proper settings, be suitably protected. However, data are insufficient to come to a conclusion about results of mixing all children in gross motor and outdoor activities.
- During the initial implementation period, separate areas of the room for walkers and infants not yet able to walk has been shown to produce desirable outcomes.
- Keeping siblings together for significant parts of the day often helps newcomer families who do not have English or French as a first language.
- Grouping children with the same language and with caregivers that have the same home language provides support for home-language maintenance.
- Multi-age programs work particularly well for children with special needs.
- Cross-age and cross-ability interactions can be supported by teachers.
- No evidence supports the concerns regarding lack of challenge for older children in the group or a lack of attention to infants.

Project Research Area III: Safety

Our focus was on injury-type incidents, not bacteria or infection. Data were obtained from parents currently enrolled in a multi-age program and parents who withdrew their children after a short time. Parents in the latter group were concerned about the lack of attention to the safety and supervision needs of the younger children. Parents in the first group were positive about their children's experiences and benefited most from opportunities to observe their children in the program and to talk to other parents.

An examination of 335 child accident reports for the preparation year and the first two years of the multi-age program at the Ryerson Early Learning Centre indicates that infants are not at risk in the multi-age program. Our evidence is summarized as follows:

- For children under 13 months of age, there was a very low incidence of accidents overall and virtually no accidents of severity level three or four in any period.
- Almost half of all accidents were attributed to bumps or falls. There was an extremely low number of accidents involving other children for the two infant age ranges.
- Anecdotal evidence indicates a decrease in toddler biting.
- Accidents rose during the first year of the program and decreased during the second year.
- The highest incidence of accidents by age group across all periods was for children 18 to 30 months except for the preparation period, when children over 30 months had the highest incidence.
- The data regarding location showed that more accidents were reported for inside than for outside, for all three periods.
- The peak times for accidents to occur were late morning (10 to 12 a.m.) and end-of-day (3:00 to 5:30 p.m.). Accidents did not necessarily correlate with outside periods or with times when reduced adult–child ratios are allowed.

Project Research Area IV: Teacher Preparation for Multi-Age Groupings

Teachers during our site visits repeatedly said their education had not adequately prepared them to work in such a setting. Most professional associations reported they do not see themselves as having a role in such education and few workshops are available in this area.

An examination of the indexes of child development books revealed no mention of multi-age– related terms. Of the 87 program directors who responded to our survey, 80 percent reported including multi-age issues in their programs. When asked how they prepare students to work in multi-age groupings, 81 percent said their programs prepared students to work with multi-age groupings but the rate dropped significantly (44%) when they were asked about education for including infants in multi-age programs.

The high percentages reported are somewhat puzzling in view of the reports from the site visits and our survey of textbooks. It is difficult to determine the depth to which multi-age issues are being addressed in courses. It is well known that the text for many of these courses is based on ages and stages approaches so we would have to infer that faculty members are using additional resources and materials.

The figures are especially puzzling for placements and lab schools because of the rarity of inclusion of infants in multi-age settings. Respondents may have had different interpretations of the meaning of the term "multi-age grouping." Over half the respondents credit a need expressed in the field to address multi-age groupings in their ECE program.

Although the evidence from our project is preliminary, we do feel in a position to make recommendations. These favour carefully moving ahead with the implementation of multi-age groupings in Canadian child care centres.

A Literature Review of Key Issues in Multi-Age Groupings

Persistence of Age-Segregated Models

Concepts of development, and subsequent instruments for measuring quality, are themselves bound up in a cultural context. What an infant needs and is capable of doing are cultural constructs. Much of the education offered to future ECE practitioners, however, is based on developmental theories that assume children's progression from one stage to another is predictable and universal. ECE students learn about infants and toddlers through the theories of Erikson,[22] Piaget[23] and Ainsworth, Blehar, Waters, and Wall.[24] A common interpretation of these theories is that by knowing chronological age, it is possible to know children's concerns, levels of ability in specific domains, and what activities are appropriate to encourage their growth and development. Most differences among children are treated as individual; the question of cultural differences may not arise.

Yet, cross-cultural evidence has suggested that the types of crises faced by children at different ages depend on the cultural expectations and norms of their world.[25] In other words, to discuss infant, toddler or preschool care we must acknowledge the cultural context in which it is embedded and recognize the contextual nature of every aspect of care and education.

Another reason for the persistence of age-segregated models has been wide dissemination of findings on attachment patterns among infants.[26] Attachment theory has led to governmental endorsement of a stay-at-home mother as the best type of care and has implicitly downgraded all other forms of care as less than desirable.[27] This approach led to prescriptive beliefs that this was the normal and right way and that babies require their mother's exclusive care at all times. The result has been much research on how child care disturbs this "normal" relationship. Relatively little attention has been given to the important role of child–child interactions[28] and to the development of multiple attachments.[29] Children's groups develop their own cultures and this has an important role in socialization.[30] See also Harris'[31] controversial work on the role of children's groups as filtering cultural transmission.

What Is Quality Child Care?

Defining quality is a value-based exercise. Although all families who enrol children in child care want to ensure a safe, nurturing environment, there are great differences in the skills and values they want their children to acquire.[32] Cultural priorities may differ widely from reading and academic pursuits to artistic and practical skills such as weaving, to spiritual exercises such as worship or healing, to the social skills involved in managing people.

As a result, definitions of quality of care themselves arise out of implicit value assumptions about what children need. Culture defines what behaviour is appropriate, and the forms of a way of living.[33]

What the culture values will shape what matters for the individuals within it. If individual achievement is stressed over interpersonal harmony, the usual developmental pathway is more likely to emphasize the former.[34] For example, Finland emphasizes that special attention is to be given to the need for child care that implants in the child a sense of social responsibility, understanding the need for peace, and concern for the environment. This reflects the goals of Finnish child care and shows important differences from some statements of goals that have emerged in North America. In other countries, goals of early childhood education are related to changes in society. In Sweden, child care experiences are supposed to compensate for the lack of siblings and give the child opportunities to participate as part of a larger community.[35]

In France, there is a strong emphasis on intellectual training and academic achievement and this is evident in the orientation of early child care. In some Majority World countries, child care is often critical in promoting adequate health care practices and so the focus is on nutrition and hygiene.[36] The point we make is that to be able to measure quality, we must know what goals we are talking about. The relative nature of the "quality" concepts has been elaborated recently by Dahlberg, Moss, and Pence[37] and by Penn.[38] Hence, there is a need to have ongoing discussions of Canadian and local goals and perhaps make adjustments reflecting the changing cultural picture of an increasingly diverse society.

In such a diverse context, the issue of preservation of non-English, non-French home language and culture arises. There is now substantial evidence that children are able to become competent in two languages and that this has positive effects on their academic and social development.[39] At present, some of the practices of the field may put some infants and toddlers at risk for losing their home language and culture. One indicator of quality might be how centres go about honouring the mother culture,[40] and contributing to the development of bicultural citizens.[41]

To summarize some issues relating to definitions of quality, Doherty's[42] three questions are extremely useful:

> First of all, what does the child's family and community value for its children; what are their perceptions of a desirable child care experience? Secondly, what does the family and the community want its children to become; what skills, knowledge, and abilities are valued in the society and required by it for its survival? Thirdly, what does the family need to support its child-rearing role; what type of care; when, what can it afford to pay? (p. 2)

Measuring Quality in Child Care Centres

Since definitions of quality vary according to community and familial values, measuring quality must be considered within the context of such objectives. If a desired outcome is to have high academic grades upon entering school, then school readiness tests will be used to determine the "quality" of the centre. If the main concerns have to do with safety and room arrangements, a number of environmental scales will be used.

Instruments that measure quality according to social goals (as in the Finnish example above) would be very different from those used where the objective was school readiness. The ongoing debate surrounding definitions of quality in child care is reviewed in Lamb, Sternberg, Hwang, and Broberg, as well as Moss and Pence.[43]

Measuring quality in child care centres that operate in multi-age situations is not a simple question since the standards by which a centre is evaluated are themselves set up in terms of age segregation, and typically the standards do not cover a wide mixture of ages. Observing and investigating quality of care in multi-age settings is seriously impaired when, as is common, designers of observation instruments assume age segregation.

Faced with a dearth of measurement instruments or protocols to address multi-age centres, the City of Toronto Children's Services Division, in collaboration with the School of Early Childhood Education at Ryerson Polytechnic University, developed a measure for looking at quality in multi-age settings. With support and direction from the Contract and Quality Compliance Unit of the City of Toronto, the team worked toward a revision of the Operating Criteria of the City of Toronto Children's Services Department[44] Each item of the Operating Criteria was reconsidered to suit centres that have multi-age groupings while maintaining strict adherence to the Day Nurseries Act, the legislation guiding licensed group child care centres in Ontario. The newly developed Multi-Age Operating Criteria[45] is a 20-page booklet with 50 criteria designed and worded under the assumption that the centre has multi-age groupings. The categories include program and equipment; physical environment; play equipment and materials; and materials for cognitive development.

Studies Showing Effects of Multi-Age Groupings on Children

There is a large amount of literature on the effects of multi-age groupings in North America and Europe. Many of the findings have been positive, although they are based on relatively limited samples and with varying definitions of the meaning of sociability.

Given the increasing concern with violence among children and youth, the development of empathy and altruism are important aspects of development. By interacting with babies, children learn to respond to another's distress and gain valuable experience in developing empathy. Some studies have found that if children (including boys) are given the opportunity to become familiar with babies, they will become more interested and responsive to them.[46] Also, when children have opportunities to practise altruistic and pro-social behaviours, these tend to increase rather than decrease with age.[47]

In a coherent set of studies conducted at the Sophie Rogers Lab School, University of Ohio, Whaley and Kantor[48] have documented friendship patterns among infants and toddlers in multi-age groupings. Their work on teaching children sign language has been found to reduce aggression and increase cross-age friendships.

Two advocates for children in the United States, Lillian Katz[49] and David Elkind,[50] have presented convincing arguments regarding positive social benefits of mixed-age groupings. Researchers working in the United States have found that younger children tend to exhibit increased mature social behaviour when paired with older children.[51] In addition, older children have been reported to develop caretaking behaviours, leadership abilities and enhanced communicative skills.[52]

Blasco, Bailey and Burchinal[53] conducted an important study with 48 toddlers in North Carolina, including those with special needs, half of whom were assigned to multi-age groupings. The authors tentatively concluded that placement in multi-age classrooms may be beneficial for children with special needs in terms of social play mastery.

Mounts and Roopnaire[54] looked at the play patterns of children 3 to 5 years of age in same-age and multi-age preschool classes and presented evidence that the younger children engaged in more complex forms of play than the 3-year-olds in single-age groupings. The study, however, involved only a two-month investigation of children, all of whom were from a middle-income background. Parents and teachers do not appear to have been consulted. Working in Europe, Jensen[55] conducted a careful study and found that multi-age child care centres promoted cooperation and prosocial behaviour.

However, there have been some cautious, neutral or negative reports in the socio-emotional area. In the United States, Tudge[56] reported that when two children of different developmental levels interacted, there was no guarantee that the views of the more competent peer would prevail. If the older, more competent child lacked confidence, there was the possibility that he or she would regress. A similar caution regarding leadership asymmetries in mixed-age children's groups was given by French, Wass, Stright, and Baker.[57] Sundell's[58] rigorous Swedish study involving 14 child care centres with controls for method of instruction and family background variables reached the following conclusion, which reflects the incomplete and sometimes conflicting evidence:

> All together, the results do not support the idea that a large span encourages children's development. Instead the causal modeling indicates that a large age span either has a somewhat unfavorable effect on children's development or has no influence at all. (p. 36)

In another study, Sundell[59] reached similar cautious conclusions and called for more comparative research. He further noted a problem with some investigations that confounded their assessments: single-age groupings often have smaller caregiver–child ratios than multi-age situations. It is therefore necessary to investigate rigorously the conditions under which interaction between children of different levels leads to enhanced development. Also, based on the diversity of findings, it would appear wise to examine specific areas and aspects of development.

To look at some studies of cognitive development in multi-age education, Pavan[60] reviewed 64 studies of multi-age schools. She found that 58 percent of students in such groups performed better than their peers in measures of academic achievement, 33 percent performed as well as their peers, and only 9 percent did worse. Field[61] found that children in multi-age play groups exhibited more verbal interactions, imitation and fantasy play than that observed in same-age groups. Veenman[62] provided evidence for the benefit of a tutor–tutee relationship for older children. Regarding academic achievement, children in multi-age classes have been found to have more positive attitudes toward school and toward themselves, and more positive social relationships.[63] Montes[64] has argued that multi-age programs are particularly beneficial for students learning a new language while at the same time preserving their native language and culture.

On the other hand, Slavin[65] pointed to the negative effects of the "open schools" of the 1970s. He argued that issues of grouping children should not be confused with philosophical discussions regarding programming. These have been raised by investigators such as Elliott[66] in Canada, Bridge[67] in the United States, Sundell[68] in Sweden, Jensen[69] in Denmark, Plestenjak[70] in Slovenia, and Tieszen and Young in Korea.[71]

Researchers have also outlined some of the factors that need to be considered in the implementation of multi-age groupings. Schrier and Mercado[72] conducted a study in an early childhood program moving toward multi-age grouping in Buffalo, New York, and identified teachers' and parents' concerns before and after its implementation. They found that the concerns helped them to better design and implement the program. Gomolchuk and Piland[73] conducted a survey with 149 teachers teaching multi-age elementary classes in rural and urban areas of British Columbia and found that rural teachers expressed a more positive attitude toward multi-age classrooms. The numerous books and articles written to support teachers in implementing multi-age groupings indicate this is a difficult process that requires careful planning and community involvement.[74]

Given the many gaps in the literature on the inclusion of infants and toddlers with older children, questions arise regarding such groupings in multicultural societies such as Canada.

Project Research Areas

The project was designed to address four research areas:

Policy:	How are Canadian provincial and territorial policies that relate to the inclusion of infants in multi-age settings interpreted by people in the field and how do centres operate within such legislation?
Practices:	According to the views of teachers and parents, what are pedagogical practices that enable or restrict the ability to run a successful multi-age program?
Safety:	Within one child care centre, what is the evidence regarding safety of infants within multi-age groupings?
Education:	How are student teachers supported to develop inclusive activities and programs for children in multi-age groupings?

Methods and Procedures

Preliminary Study

The research agenda for the overall project was developed as a result of five, two-hour focus group sessions conducted by two of the principal investigators with each of the stakeholder groups (parents, teachers, ECE faculty, student teachers and Ministry personnel). The central questions for investigation in the pilot study were: What are desired outcomes for children's child care experiences? What areas need to be examined in relation to multi-age groupings?

Participants' responses were audio-taped, transcribed and coded according to category of respondent and ranking of comments. The data from the pilot study were inspected for each component study described below. Based on the areas identified in the pilot study, an advisory committee was formed to represent the views of parents, student teachers, lab school teachers, faculty and those involved in licensing and monitoring child care centres in Ontario.

Component Study 1: National Survey of Policies, Legislation, Regulations

To represent the developments in the field, a cross-Canada survey of policies, regulations and legislation was conducted by two of the principal investigators in collaboration with two regional representatives: Gyda Chud, Vancouver Community College; and Goranka Vukelich, St. Joseph's College of ECE in Halifax.

The researchers conducted an initial semi-structured telephone interview with child care directors or their representatives in each provincial/territorial department responsible for child care policy. The focus was on: philosophy and its rationale; legislation and guidelines; process employed to develop legislation and rationale; issues facing caregivers working with this model; and the existence of innovative programs in their jurisdiction. Provincial/territorial child care licensing documentation was inspected with a particular focus on conditions that affect the ability of operators to mix infants with older children in group, licensed child care centres.

A second round of telephone interviews was conducted with provincial/territorial officials responsible for child care policy development. This involved clarification of issues of ratios, group size, and enabling conditions or restrictions on multi-age groupings. A profile of each jurisdiction was then sent to the respondents to make corrections and clarifications. During the study, some provinces were undergoing policy revisions and additional interviews were required.

Once all profiles were considered final, a cross-provincial/territorial analysis was conducted and a set of preliminary patterns developed. Feedback on these patterns was obtained during a meeting with all child care directors (Vancouver, February 1999) and a revised set of patterns was compiled. A final version of the paper containing the proposed analysis was sent to key respondents in each province and territory for final verification during March and April 1999. See Appendix A for a list of policymakers interviewed and Appendix B for questions asked.

Component Study 2: Child Care Centre Survey

Based on our interviews with key informants on policy, we compiled a list of 172 centres that were identified as having multi-age groupings. After telephoning the centres to ensure that such groupings are used, we sent out a 20-item survey to be completed by child care centre directors. The principal investigators developed the survey to obtain an understanding of practices and issues in multi-age groupings. Questions were asked about groupings of children, staff and family characteristics, programming, and safety adaptations. The project advisory committee, three centre directors, two researchers with expertise in the area of policy and early education, and four people with questionnaire design expertise pilot-tested the survey.

Child care centre directors who completed the survey represented 107 licensed, group child care centres, a response rate of 62 percent (see Appendix C see for multi-age centres completing the questionnaire). Twenty of the questionnaires were completed in French and 87 in English. Most respondents lived in Quebec, Ontario, Manitoba and Saskatchewan. Most of the centres were non-profit (90%) and the rest were commercial (10%). Twenty-two centres identified themselves as workplace centres, 13 as schools, and 11 as municipal or public centres.

Although most of the centres charge a higher fee for infants and toddlers, there were 24 centres where all children paid the same fee regardless of their age. Centres with this blended rate were located in Quebec (7), Nova Scotia (5), Prince Edward Island (1), Ontario (3), Manitoba (1), Saskatchewan (3), Alberta (3) and Northwest Territories (1). Of these centres, only nine had the entire range from infants to school age; six of these were in Quebec, one in Nova Scotia, one in Saskatchewan, and one on a reserve in Ontario.

Almost half of the centres surveyed were large and had an enrolment of 25 to 50 children and four to seven full-time teachers. One third of the centres were smaller, with an enrolment of 11 to 24 children and three or fewer teachers. Most of the centres (88%) had children with special needs in attendance. The majority (58%) served 1 to 5 children with special needs while 12 percent served 6 to 10 children with special needs and 16 percent served more than 10 children with special needs. Ninety-six of the 110 centres had infants and toddlers enrolled in their programs.

Component Study 3: Site Visits

We sought nominations for 12 child care programs implementing multi-age programming in innovative ways from several sources, including policymakers, college and university faculty, provincial and national child care organizations. Among the centres nominated, a final selection was based on the following criteria: geographic distribution (north, central, east, west, urban, rural), program population (number of children and staff), diversity of racial/cultural/linguistic groups (programs serving different groups, programs focussing on one group), auspices (non-profit, private, workplace, lab school, church- or temple-based), and ages served (infants to school age).

Preselection interviews with program directors were designed to gather basic information on the programs and to determine the nature of multi-age groupings. Once child care centres were selected, two of the principal investigators conducted a one-day visit to the 12 sites. Visits were organized with the director in the least disruptive way. During each visit we interviewed four to six teachers, four to six parents, student teachers, the director and other administrators. (See Appendix D for participating centres.) Where possible, we also reviewed documentation including policies, accident reports, letters to families and staff minutes. We also spent time observing children in classrooms and outside areas, and conducted focus groups with families (see Appendices E and F for the Child Observation Protocol and the Guide for Family Focus Groups, respectively). The second and final interview with the director was used to share and confirm our observations of the program and to seek corroboration of information obtained. The data and observations were analysed for themes and used to arrive at indicators for determining policy categories that need to be considered. A draft summary of each site visit was organized according to the following categories:

- General centre description
- Program characteristics
- Historical and current rationale for multi-age model
- How the centre operates in relation to legislation
- Theme Area (1): Making it work
- Theme Area (2): Views of children that affect multi-age groupings
- Theme Area (3): Impact of outside influences

Component Study 4: Safety of Infants Study

This component study was conducted by Katrina Hughes, coordinator of the Early Learning Centre (ELC), the school of the Ryerson School of Early Childhood Education. The purpose of the study was to investigate whether the overall safety of children enrolled at the ELC had been affected (either negatively or positively) by the change to a multi-age grouping.

The Ryerson ELC operates with three groups of 16 children aged 3 months to 4 years of age, each with three teacher preceptors. "Director Discretion" was granted to allow for group size modifications. All 10 teachers have degrees in ECE and the student teachers provide ratio enhancement.

All primary data for this study were gathered from the ELC, and were from three main sources: Child accident reports (N= 335; see Appendix G for sample reporting form); questionnaire for parents of children enrolled in the centre (N= 27; see Appendix H for questionnaire); and questionnaire for parents who withdrew their children from the centre (N= 4). As well, several additional sources were used to provide contextual information for interpretation of the primary data. A research assistant collected and coded all accident reports in the summer of 1998. Accuracy of coding was ensured by means of a random sample of every 10 accident reports being reviewed independently for interater reliability.

Component Study 5: Process of Change Study

This study was conducted by a teacher preceptor at the ELC. The purpose of this component was to document the kind of challenges experienced during the transition from age-segregated to multi-age groupings in the Ryerson ELC. The data for this study were derived from various sources, including the researcher-as-teacher's active involvement in the curriculum. Documents such as meeting minutes, memos, notices and letters were collected and reviewed to represent the progression and reasons for events and decisions. Transcripts of teacher discussions in professional development activities were analysed to understand the experience of the teacher through the transformation. These transcripts revealed extensive information about the changing curriculum and teachers' changing perceptions and knowledge.

The transformation was divided into the preparation period (April 1994 to July 1995), and the implementation period (September 1995 to August 1996). The coding and analysing of the documents and transcripts for recurring processes that characterized the development and evolution of the transformation to multi-age groupings was as follows:

- imagining and visioning
- connecting and collaborating
- dialoguing, problem solving, reflecting
- renewing practice

Component Study 6: Child Assessment Considerations

Three teacher-preceptors at the Ryerson ELC conducted this study. The objective of this component was to review assessment tools, particularly those currently used at the Ryerson ELC, to ascertain if any reflected the multi-age philosophy used by the ELC. A list of criteria was developed to review a number of well-known assessment instruments. The criteria for examining the suitability of the assessment instruments were: inclusion of children from 3 months to 6 years of age; inclusion of children with special needs; and the incorporation of and respect for linguistic and cultural diversity. This component also included detailed critiques of the two assessment tools currently being used at the ELC. The Support Assessment Guideline, a list of anecdotal questions, was developed from the critiques and criteria lists to help guide teachers in conducting support assessments of children enrolled in a multi-age program.

Component Study 7: Operating Criteria Revisions

This study was undertaken to examine what Ontario Ministry personnel thought should be added to the existing operating criteria to apply to multi-age groupings. In collaboration with personnel from the City of Toronto Children's Services Division, three members of the research team developed a Multi-Age Section to be included as an Appendix to the Metro

Operating Criteria, an instrument used to meet Metro standards for purchase of service agreements. This revised Metro Operating Criteria is currently being pilot-tested at 20 child care centres in the Toronto area.

Component Study 8: Multi-Age Relationship Observation Protocol

This study determined the sort of interactions between children in multi-age groupings that lead to positive outcomes. In collaboration with personnel from the City of Toronto Children's Services Division, four researchers developed a set of observations of interactions of children at 14 child care centres and the Multi-Age Relationship Observation Protocol (MROP). The theoretical groundwork for the observation categories is the Vygotskian concept of scaffolding mentioned above (Overview).

The MROP is a 16-page checklist that includes the following categories: pro-social (helping, caring, respect); conflict (scaffolding and negotiation); cognition (logic, mathematics, science, literacy); self-development; and diversity. Within each category, the children's interactions with each other are separately coded from the adults' responses, the latter ranging from encouragement to various forms of assistance. We are in the process of obtaining feedback since pilot testing the MROP in 30 child care centres. The MROP has been found to be particularly useful for observing interactions of children with special needs.

Videotaped images of children at the Ryerson ELC, particularly those of infant age, were collected and reviewed using the MROP as a guide. For example, video records of children sharing toys, older children assisting younger children at lunchtime, and physical displays of affection between children have been collected. Additionally, a brief description of each interaction was recorded. A 20-minute video was also produced.

Component Study 9: Preparation for Working in Multi-Age Settings

To determine the nature of education relating to multi-age groupings, the principal investigators collected three primary sources of data.

The first data source consisted of an analysis of 10 current child development books. The index of each book was searched for entries such as multi-age, mixed-aged, grouping, sibling groups, one-room school house, cross-age groupings, and child care. In addition, pictures of children in child care centres were analysed to determine if same-age or cross-age interactions were emphasized (see Appendix I).

The second source of data for the education component was a seven-item survey sent out to all colleges, universities and CEGEPs (Colleges d'enseignement général et professionel) on the list of the Canadian Child Care Federation (CCCF) (see Appendix J). CCCF compiled this list of 132 institutions from different sources (individuals and groups) who provided information and contacts for the directory in 1989. Since that time, CCCF has kept the directory up-to-date for training institutions offering ECCE programs in Canada. Eighty-seven surveys were completed by program directors (ECE faculty), a response rate of 65 percent. Fifteen of the interviews were completed in French and the rest were in English. A large proportion of the respondents (57, or 65%) said they had a lab school that was run by their institution with a mandate to train students. The 87 educational institutions responding to our survey granted diplomas (N=66), degrees (N=10) and certificates (N=39).

Since a number of professional associations are also involved in conducting education for early childhood educators, a parallel version of the seven-item survey was sent to the 82 national and provincial child care organizations (see Appendix K). Twenty-six completed surveys were obtained, a response rate of 32 percent.

Our multipronged approach was designed to provide data related to specific research questions as depicted in Table 1.

TABLE 1

SOURCES OF DATA AND PROJECT RESEARCH AREAS

	I. Policy	II. Practices	III. Safety	IV. Education
Policy, Legislation, Regulations	X			X
Child Care Centre Survey	X	X	X	X
Site Visits	X	X	X	X
Infant Safety Study			X	
Process of Change Study		X		X
Child Support Assessment Considerations		X		X
Operating Criteria Revision	X	X	X	X
Multi-age Relationship Observation Protocol		X	X	X
Preparation Component				X

Results for Project Research Area 1: Policies, Legislation, and Regulation

by Judith Bernhard, June Pollard, Gyda Chud and Goranka Vukelich

Provincial and Territorial Focus on Multi-Age Issues

In the last several years, policymakers have discussed issues relating to the inclusion of infants in multi-age groupings. In some provinces, these discussions have taken place in the context of a broader review process (Prince Edward Island, New Brunswick, Manitoba, Alberta). In other provinces (Newfoundland, Saskatchewan, British Columbia), committees have been set up to discuss the issues involved in allowing multi-age groupings. Provinces such as Ontario have dealt with the increased interest from operators by making allowances in the form of pilot projects on a case-by-case basis. In Nova Scotia, discussions have taken place at various levels of government.

Following a review of the existence of prorated formulas, we provide a description of five types of regulations that emerged among Canadian provinces and territories (Appendix L provides a summary of specifics of provincial/territorial policies and regulations as they affect centre-based, multi-age groupings).

Existing Multi-Age Formulas

Most provinces and territories have provisions for prorated staff–child ratios for centres that have multi-age groupings. For example, an Alberta regulation states that multi-age ratios are to be calculated by "taking the sum of the proportions of the primary staff member requirement prescribed by the applicable ratio for each child in the group."[75] (p. 16). These ratios can be used as long as infants are provided with a quiet location that encourages individual sleep schedules and the group size is no larger than that requiring two staff persons.

Manitoba also allows ratios to be calculated on a prorated basis as long as the centre's written plan is approved (described under Pattern A below). Northwest Territories and Nunavut also use prorated formulas for staff–child ratio calculations.

A policy document entitled *Family Grouping Policy*[76] in use in New Brunswick and Prince Edward Island specifies how to calculate the appropriate staff needed where children are cared for in multiple-age groupings. This formula also applies to early morning and late afternoon situations. Nonetheless, it is noted that infants must be separated during play period.

> For each child present, multiply the number of children in that age group by the corresponding decimal value. Then add the total to determine the number of staff needed. As soon as the decimal value exceeds 0.05, an additional staff person is required. For example, in a group of three infants, five toddlers and eight preschoolers, the following calculations would be applied:

Infants	1:3	(3)	.333	0.999
2 years old	1:5	(5)	.200	1.000
3 years old	1:7	(4)	.143	0.572
4 years old	1:10	(4)	.100	0.400
Total				2.971 (3 staff members)

Seven provinces and territories do not have provisions for prorated ratio calculations: Newfoundland and Labrador, Nova Scotia, Quebec, Ontario, Saskatchewan, British Columbia and Yukon.

Pattern A: Enabling Legislation with Consultation or Minimal Restrictions

Manitoba and Alberta have the fewest barriers to the inclusion of infants in group, licensed child care centres. Some other provinces allow the grouping of infants with older children with only minimal restrictions (Prince Edward Island, New Brunswick, Northwest Territories, Nunavut).

Recent changes in Alberta legislation (1998) now allow a licence holder to submit a service plan explaining how it will separate space and quiet areas for infants. This includes the provision of cribs for children under 13 months of age. If the service plan is approved, infants can be grouped with toddlers and preschoolers, as long as the group size does not exceed a group size that requires more than two primary staff. The purpose of a maximum group size is to ensure that children are in a limited-size group and in a consistent group with consistent primary caregivers. In spite of the enabling spirit of Alberta policies, in an interview with an Alberta official it was noted that, in practice, multi-age groupings are discouraged for children under 13 months of age.

In Manitoba, over the past few years, licensing personnel have conducted observations of the grouping situation. Before 1998, centres were required to keep infants apart from older children for 50 percent of the time, while meeting all other legislative requirements for child care centres. However, most recent regulations allow centres that meet all requirements to have more flexibility in grouping children of various ages.

At the moment, each child care centre director in Manitoba is required to provide a written plan specifying how separate space and programming will be provided for children of various ages. The feasibility of this plan is considered in consultation between the centre director and licensing personnel. This situation in Manitoba represents a recent change following a lengthy observation period, and all regulations related to child care remain in effect in spite of the presence of multi-age groupings. These changes are part of an overall review process of all sections of child care regulations.

Some provinces and territories make it possible to group infants with older children under certain limited conditions. For example, Northwest Territories and Nunavut allow children of all ages to be mixed except during sleep time. Prince Edward Island also fits into this pattern as infants can be in multi-age groupings at all times as long as they stay within their small group of six children for 75 percent of the day. New Brunswick regulations are being updated and are in draft form but the issue of ratios is currently addressed under the previously mentioned document entitled *Family Grouping Policy*.[77]

Pattern B: Walkers Separated from Infants Not Yet Able to Walk

Prince Edward Island, New Brunswick and Ontario require infant children who cannot walk to be separated from children who can walk during periods of active play. For example, Ontario legislation specifies that infants not yet able to walk are separated from other children during "active" indoor and outdoor play periods. Operators are expected to comply at all times; however, there may be some flexibility based on the ratio of walkers to non-walkers at any given time, and the type of active play that is provided.

Pattern C: Playground Separation

Ontario and Saskatchewan specifically address the separation of infants from older children in the outdoor playground in their regulations.

Pattern D: Youngest Child Ratio to Be Maintained

Several provinces and territories allow multi-age groupings with infants only if the ratios for the youngest children are maintained at all times.

In Yukon, the staff–child ratio of 1:4 and the maximum group size of eight children must be maintained whenever the program design includes infants under 18 months of age. Nova

Scotia also fits into this pattern; for infants, there must always be a 1:4 ratio as well as the provision of separate play and sleep areas.

In Quebec, the written regulations are not explicit about the inclusion of infants in multi-age groupings. Nonetheless, caregivers and centre directors informed us that if infants are included in the group, the staff–child ratio in that group must be kept at 1:5, which is the ratio for children under 18 months of age.

In Ontario, children are placed in groups according to age, as set out in Schedule 3 of the *Day Nurseries Act.*[78] Each age group has a designated child–staff ratio. Director's approval, from the Ministry, may be granted to permit a mixed-age grouping of children to include up to 20 percent of the total group from the next younger age group. Mixed-age grouping may be granted without changing the child–staff ratio to that of the younger group. Director's approval for 20 percent mixed-age grouping is stated on the licence and is reviewed at licensing renewal time. The effect of these rules yields outcomes in accord with Pattern D.

In Newfoundland and Labrador, the newly approved *An Act Respecting Child Care Services in the Province*[79] sets out child–staff ratios and maximum group sizes for children 0 to 12 years of age. Although there is a clause referring to mixed-age groups, the ratio is always to be calculated according to the age of the youngest child in the group.

In the various provinces which fall under Pattern D, prohibitions against multi-age groupings are not necessarily expressed, yet the effect of the rules is to present such heavy budgetary demands that grouping infants with older children may not be economically feasible.

Pattern E: Infants Are Not Permitted to Be Grouped with Older Children

In British Columbia, the regulations are very specific in terms of requirements for infant care, toddler care and preschool care with regard to maximum group size, staff–child ratio, play space, sleeping arrangements and outdoor play. Our informants understood the effects of the regulation package as to preclude multi-age groups that include infants. Consequently, multi-age grouping does not generally occur in British Columbia.

There is a clear exception within the regulations, recognized by our informants, which allows multi-age groupings where 25 percent of the children are designated as having special needs and requiring extra support. In such cases, the maximum group size is 16 children with a staff–child ratio of 1 caregiver for 4 children. We found, however, that one Aboriginal centre does use a multi-age approach, and there is great interest among British Columbia child care operators in such groupings. Although Saskatchewan does not allow mixing of infants with older children, licence holders can apply for a waiver. To date, approximately 10 to 12 waivers have been granted. The recently approved child care Act[80] in Newfoundland and

Labrador specifically mentions that children under 13 months of age are not to be included in mixed-age groupings.

How Policies, Legislation and Regulations Relating to Multi-Age Issues Are Interpreted

An important finding of our project is that misunderstandings exist about the restrictions on mixing infants with older children. Regarding the British Columbia rules, we could find no explicit prohibitions of multi-age groupings in any of the regulations cited and examined. We do not interpret requirements for different ratios as necessarily forbidding multi-age arrangements since several caregivers might be used and adjustments could be made to fit the stricter staff–child ratios.

Similarly, in Quebec, caregivers informed us that legislation says that infants cannot circulate to the other rooms and that the door of the *pouponnière* (infant room) must stay closed. To date, we have not been able to locate such a regulation in writing. In Ontario, licensing personnel use the *Day Nurseries Act*[81] as a basis for making decisions about centres for multi-age groupings. Where necessary, "Director Discretion" can be granted to accommodate group sizes and staff ratios. In reality, this has rarely been done. As multi-age models evolve, there is an increasing need for more specific guidelines and criteria. Most of our informants said that guidelines should be developed and include items such as the following: staff training, the articulation of a vision based on a multi-age philosophy, space configuration, and parental request. Such guidelines are not currently available to assist licensing personnel in making decisions regarding what centres should be allowed to operate with multi-age groupings.

In Nova Scotia, the *Day Care Act and Regulations*[82] does not address multi-age groupings specifically, yet the "Nova Scotia Child Care Licensing Manual,"[83] a set of draft regulation amendments, contains specific suggestions that make multi-age groupings including infants difficult. Although these guidelines have no legal status, they are a way of complying with evolving regulations by field testing guidelines before they become legislation. The caregivers we interviewed in Nova Scotia followed the suggestions as if they constituted legislation. In the last year, the Ryerson Multi-Age Project research team has had a number of calls from child care centres, CEGEPs and colleges across Canada asking us for help in understanding how to proceed with implementation.

Toward the Development of Enabling Policies, Legislation and Regulations

The findings of the overall project indicate that, in many cases, the move toward multi-age groupings represents a response to family and community values. Many policymakers appear to have a strong interest in such groupings yet are proceeding with caution. Decisions regarding multi-age groupings are being made in the context of maintaining the significant gains that have been made in the past decade to ensure that child care standards are elevated.

Our recommendation to child care centre directors, boards of directors and operators is that they should inform themselves about the exact legal criteria, current policies regarding multi-age groupings, and existing modes of interpreting the criteria. Operators need to be aware that this transition is a complex process requiring careful planning and attention to quality ECE programming. Additional staff training and resources may also be required. While having multi-age groupings can have many benefits for children, families and staff, it should not be initiated as a cost-saving measure.

Our recommendations for governments, officials and policymakers in each jurisdiction is to embark on a gradual process that would enable multi-age groupings with close supervision. Then, once there is sufficient comfort with the outcomes, make revisions to existing policy documents, legislation, regulations and any other official directives that more generally enable multi-age groupings. This gradual process would be in consultation with the community and in response to what the community perceives to be its needs and goals.

Jurisdictions could begin by asking child care centres formally to consult with the communities they serve, to determine if there is clear sentiment in favour of multi-age or if there is interest and willingness to begin experimentation with multi-age groupings. The communities could be made aware of the alleged difficulties of multi-age settings and potential benefits such as the grouping of siblings and support for home-language maintenance.

Where there is interest, child care centres would receive help for the transition from licensing personnel who would give them a written memo outlining the steps to be taken to move toward multi-age groupings. This memo outlines prorated ratios and specifies issues of maximum group size and programming considerations.

In the first stage of the process, operators would submit a written plan outlining how they will provide programs that are safe and challenging for all children. This plan would have to include such components as:

1. There must be special provision for the security of infants not yet able to walk, including a separate sleep area.
2. Playground arrangements must provide for a balance between age groups and infant safety issues. Because there is a lack of evidence regarding mixing infants with older children during outdoor play, this issue needs to be investigated further. At this time, data

are insufficient to make a decision regarding the mixing of walkers and non-walkers in outdoor play.

3. The integration of children with special needs should be encouraged.

4. Discussion should take place on how siblings will be grouped and how groupings will support families' efforts for home-language maintenance.

5. There must be a careful process of record keeping regarding injuries to determine the nature of accidents and the ages of those involved, number and training of staff on duty, and what equipment was involved in the injury.

The plans submitted by the operator would be considered in consultation with licensing personnel on a case-by-case basis and centres would be given pilot or provisional licences. During the period of the pilot licence, there would be increased support from licensing personnel. A stage-two licence would be granted once the operator has demonstrated the ability to provide a safe and challenging program for all children.

Considerations for the entire enabling process should also be guided by findings of other child care studies, such as the need to maintain low staff turnover, provide a high level of staff training and ongoing opportunities for professional development, and develop collaborative relationships with families. Finally, licensing personnel and policymakers require training in multi-age issues and opportunities to revise existing instruments to measure quality care in child care centres.

The above recommendations involve a degree of experimentation that should be carefully documented and monitored. Our proposal is that governments fund systematic research into the processes and outcomes within settings moving toward multi-age groupings.

Results for Project Research Area II: Practices

Practices That Enable or Restrict Ability to Run Multi-Age Programs

In this section, data from the centre survey and site visits are used to address the question of what pedagogical practices enable or restrict the ability to run a successful multi-age program. This section is divided into the following areas: community issues; focus on children (walkers and non-walkers, siblings, children with special needs); attachment and transition issues; playground arrangements; and challenge for older children.

Community Issues

The success of a program is the result of identifying and meeting the child care needs of a particular community, especially families with young children.

Some of the centres we visited were open to parental participation and tried to keep parents informed of teachers' decisions. Some parents seemed to appreciate this approach. In other centres, parents were more involved in decision making regarding centre practices and policies; parental values were considered in decisions regarding practice and grouping. In some cases, the community was close-knit and child care services were seen as part of that strong culture. The multi-age model was often a response to family and community values.

Although most of the teachers we interviewed were enthusiastic about multi-age groupings, there were dissenting views as well. Some teachers were initially dissatisfied with the model and do not want to change diapers. Others saw themselves as an infant teacher and did not want to work with older children. Still others were concerned about the need for constant teamwork and dialogue about many program details.

Caregivers and parents often said that for multi-age groupings to work, there had to be a sense of community. In one centre in Nova Scotia, our visit coincided with the birth of a caregiver's child. The centre director was in constant contact with the father and gave frequent updates of the situation to the caregivers and children. In all centres, older children were taught to be careful with babies and were very effective in protecting them. There was the belief that every caregiver is each child's caregiver and that parents could relate to all the caregivers. Parents mentioned a feeling of belonging, openness and feeling welcome in being able to drop by and participate.

Another way in which a sense of community was evident was in the child care centres that operated with a blended rate where all children pay the same fee regardless of age. The sharing of the entire cost over a long period of time also contributed to a sense of community. In the Child Care Centre Survey, 24 such centres were identified.

The process of moving toward multi-age groupings was greatly facilitated by the opportunity for teachers to discuss values and practices that eventually led to a curriculum transformation.

Focus on Children

Infant children not yet able to walk: All of the centres visited had given some consideration to ensuring the safety of children who were not yet able to walk. In some cases, children who were under 13 months of age were required to be separate. This age guideline was problematic because there was often a great range in the ages at which children were able to walk. In any case, teachers found that having fewer children in the group needing diaper changing was helpful.

There were three types of situations: centres that always kept infants separate from the rest of the group, centres that mixed children for certain times of the day, and centres where the children were mixed throughout the day. In some centres, infant children who could not walk were in a separate room and never mixed with older children. Other centres had a special area of the room for older children where infants could not enter. Areas that were for both walkers and non-walkers were closely supervised in terms of equipment and interactions, as summarized by a number of child care centre directors.

> The more advanced equipment that has small pieces is brought out only for the older children between 12:30 and 2:00 p.m. when the infants are asleep.

The older children have their small-piece toys on a higher shelf.

Only one of the centres visited had no separate area for infants and toddlers and children were together at all times except during outdoor play. This centre had a high child–staff ratio and well-trained staff. In this centre, there had been a transition period during which there were separate areas for walkers and non-walkers. As the older children gradually became accustomed to the younger children and developed an understanding of safety issues, separate areas of the room were eliminated. The older children quickly learned to be careful with equipment not suitable for younger children.

> We teach the children to put away scissors, glue and small toys when the younger children are in the room. They quickly learn to protect the babies and it brings out the caring, compassionate side of all children.

In this same centre, staff frequently removed younger children into a quieter room when they became disturbed by the high level of noise around them. Based on the centres that mixed infants with older children, the following conclusions can be drawn:

- Infant children who are not yet able to walk can be suitably protected.
- The needs of walkers and non-walkers can be balanced by ongoing staff communication and flexible group arrangements.
- During the initial implementation period, separate areas of the room for walkers and non-walkers have shown desirable outcomes.
- Quiet rooms are helpful when infants or children with special needs must be separated.

Siblings: Most Canadian child care programs separate siblings according to age groups. At times, siblings are together during a transition or a difficult time but then are grouped with children of their own age. Reasons for separating siblings of different ages include safety, licensing restrictions, and the belief that children need to learn to be independent and develop social skills with other children. The minority of child care centre directors who separated siblings gave the following reasons:

> It depends on the situation, when they are new, we usually put them together. Then we separate them gradually.
>
> The siblings are separated when educators feel children are ready, as this builds independence.
>
> It often works to separate children as it gives them a chance to interact with other children.
>
> So that younger children don't cling so much to their older siblings.
>
> It is difficult to build on their individuality when they are paired together.
>
> Once they feel comfortable with the centre, they are not paired together.
>
> Toddlers tend to be separated due to safety and programming needs.

Eighty-two percent of the centre study respondents indicated that siblings were grouped together for significant parts of the day. Reasons mentioned for keeping siblings together included requests from parents or children and the belief that children gained a sense of security. All parents we spoke to expressed satisfaction with their children being in the same group and believed the siblings were benefiting. This was particularly significant for children who spoke languages other than English or French, who were in transition or new to the centre. We found home-language subgroups within some multi-age programs that seem to provide support for the children and families. During a site visit in Ontario, a Polish mother said:

> I think that kind of grouping is great, especially for my younger child. She was very shy, and she had a hard time communicating with people. Family grouping is indispensable for my children, it helps my children to communicate in their second language.

Teachers interviewed during a site visit in Manitoba elaborated on the importance of siblings in a child's life:

> It is important for children to be together for confidence and security. It reduces sibling rivalry, children become friends, and it also helps the transition between home and school. Keeping siblings together is especially comforting for family members. Everyone is happier this way.

Some centre directors commented that multi-age grouping was particularly important for "only children" who benefit from being with children one to two years older or younger than they are. Multi-age groupings allow "only children" to take on the "older/younger" role and to have the opportunity to experience sibling-like conflicts. Such conflicts were seen by many teachers as an important part of growing up. Based on the centres we visited and the child care centre surveys completed, there is evidence for the benefit of the following practices:

- Keeping siblings together for significant parts of the day often helps newcomer families who do not have English or French as a first language.
- Grouping children with caregivers that have the same home language provides support for home-language maintenance.

Children with special needs: In recent years, a move has been made toward integrating children with special needs into classrooms according to chronological age. This has created problems for parents of children with special needs who often feel their child is stigmatized or there is too much focus on their special needs.

In the centre survey, most directors (88%) reported having children with special needs in attendance. The majority (58%) served 1 to 5 children with special needs while 12 percent served 6 to 10 children and 16 percent served more than 10 children with special needs. Directors noted that children with special needs are not stigmatized; other children approach the child on her or his own terms.

An important finding of the site visits is that multi-age programming can facilitate the full inclusion of children with special needs into the program. Teachers at a Quebec site told us that moving to multi-age programming enabled many teachers to see beyond the "labels" and "categories" of developmental stages. We observed that children quickly became aware of different forms of expression and responded to children with special needs. In the case of an Ontario child with multiple handicaps and limited expressive speech, teachers said the children quickly learned which sounds were happy ones.

In one Nova Scotia multi-age centre, four autistic children were enrolled in the program. Because staff in this centre were accustomed to working with special needs children, they found it easy to make age-related adaptations. There was, however, a soundproof room where these children were taken at several points during the day to shut off the noise.

Interactions with children with special needs occurred more often when teachers stepped back. For instance, in a reading activity observed at an Ontario centre, a child with special needs had more interactions with other children after the teacher had left him on a couch next to some older girls near the centre of the reading circle. Previously, sitting on the teacher's lap at the periphery of the group, he had experienced no interactions.

A parent of a child with special needs described the multi-age setting as beneficial to her son:

> Because of the variety of kids he stands out less, there isn't the placement issue about where he fits in with his developmental issues. In a multi-age environment

> he's just another kid. It's interesting to watch children's reaction to him. Little ones come and stroke his chair, there is a natural interaction with the older ones.

In one centre, staff were very resistant to including children with special needs since they believed they would not be able to cope with all the demands. After the implementation of multi-age, this resistance diminished considerably. There is evidence that:

- Multi-age programs work well for children with special needs because problems of stigmatization of children are eliminated and teachers are not as likely to compare children to peers.
- More cross-age and cross-ability interactions occur when teachers step back.
- Having a quiet, secluded area was found to be helpful when the noise level became uncomfortable for certain children.
- Programming for children with special needs can be facilitated by using the "Child Assessment Considerations" (see Table 2).

TABLE 2

CHILD ASSESSMENT CONSIDERATIONS

1) What is important for the child right now (interests, experiences)?
2) What is important for the family right now?
3) How does the child incorporate his/her culture/home life into the environment?
4) How does the child communicate (verbal/non-verbal) with: a) same-age peers? b) younger children? c) older children? d) adults (teachers/students/family members)?
5) How does the child express herself/himself emotionally (verbal/non-verbal): a) on his/her own? b) with same-age peers? c) with younger children? d) with older children? e) with adults (teachers/students/family members)?
6) How does the child express his/her individuality and personality (i.e. sense of humour, motivation, sensitivity and energy)?
7) How does the child display self-esteem/confidence?
8) How does the child interact with: a) same-age peers? b) younger children? c) older children? d) adults (teachers/students/family members)?
9) How does the child show empathy and understanding?
10) How does the child take the opportunity to take on leadership and ways to be dependent: a) on her/his own? b) with same-age peers? c) with younger children? d) with older children? e) with adults (teachers/students/family members)?
11) In what ways does the child share (i.e. of himself/herself, toys, materials)?
12) What techniques, materials and resources does the child use to enhance, reinforce and consolidate knowledge and to explore the world?
13) How does the child respond to program routines and expectations?
14) How does the child show a sense of community or belonging/membership within the program?
15) In what ways does the child display role taking?
16) How does the child indicate risk taking?
17) How does the child show respect for: a) herself/himself? b) same-age peers? c) younger children? d) older children? e) adults (teachers/students/family members)? f) people's belongings? g) the environment?
18) How does the child display a sense of responsibility for: a) himself/herself? b) her/his own safety? c) same-age peers? d) younger children? e) older children? f) adults? g) the safety of others? h) the environment? i) the community?

Attachment and Transition Issues

Most multi-age centres in our studies operated with a Primary Caregiver Model. There was one adult who was responsible for a child and for communicating with the child's family. In many cases, a second aspect of the model was that when children grow, they move to another group and are assigned a different primary caregiver. This model was said to be necessary to ensure that someone was looking out for the child and would be able to relate information to the family. Parents and teachers expressed doubts and complaints about the Primary Caregiver Model. As well, they recounted some of their good and bad experiences with the model. Our own observations brought to light some data relevant to the issues.

The Primary Caregiver Model was problematic when the child's primary caregivers were away for lunches, breaks or vacations; the child could not be comforted by anyone else in the centre. In centres with more age-based groupings, as children moved from group to group, they could experience up to six different primary caregivers. In one centre, we witnessed an infant banging on the door of the "infant room" crying for his former primary caregiver who could not respond to him due to the new grouping arrangements. Similarly, families told us how they often had difficulties relating to the assigned primary caregiver and missed the person who had been assigned earlier.

One of the centres we observed had recently undergone a change to what they called a Multiple Primary Caregiver Model. Three teachers were responsible for a group of 16 children. One was assigned to writing reports and keeping documentation on the child. Nonetheless, all three teachers were "primary" in the sense that the child and family could relate to all three. This change resulted in fewer crying, inconsolable children as they were able to develop attachments to various caregivers and there was a sharing of that attachment. If one caregiver was away, other teachers could comfort the child. Parents at this centre commented that the revised model provided a continuity of care and allowed greater opportunities to talk with teachers about values and practices. When a child stayed with one group of teachers for a long time, the family members had time to develop a rapport and strong ties to the centre staff. The Multiple Primary Caregiver Model was found in a number of centres.

Playground Arrangements

The licensing personnel we interviewed had great concerns around mixing infants with older children, particularly during outdoor play since they believed the younger children would get hurt.

Two of the centres we visited had separate outdoor playgrounds for older and younger children. In one case, this was done to comply with legislative requirements for keeping children apart. In the other, the separated playgrounds existed due to staff views that it was necessary for infants' safety. In both these cases, playground separation was problematic. In the first case, younger children stood at the gate and tried to escape to the "big playground." In the second, although younger children were not allowed in the "big playground," older children could come into the "baby" playground if they removed their shoes. Because the children liked to remove their shoes and be together, all children ended up playing in the "baby playground" and the rest of the outdoor area was unused.

Although parents and teachers expressed a desire to have children of a range of ages play together in the playground, we generally did not see a situation where such mixing occurred. The issue of separate playgrounds needs to be investigated further. At this time, there is insufficient data to come to a conclusion about mixing walkers and non-walkers in outdoor play.

Challenge for Older Children: Programming

One of the reasons for age-segregated groups is the belief that older children will not be sufficiently challenged if they are with younger children. In the centre survey, we found that the most common times for separating infants and toddlers from older children were during nap and circle time.

The infants were generally on their own schedule and slept as needed. During these times, in many centres, special activities were set up for older children.

Group time was the other most common time for children to be separated by ages. In one centre we visited, children were together for the entire day except during circle time when age-segregation occurred. Even the children with special needs were placed in chronological age groups during circle time. In another centre between 10:15 and 11:00 a.m., infants and toddlers have their own time and preschoolers have special cultural time. In three of the centres, staff commented that the High Scope curriculum model had to be adapted in order to work for a multi-age group.

Teachers generally found it a great challenge to plan circle-time activities for a wide range of children and said they used strategies such as:

- When the younger children are included, circle times are not as long.
- Often two options are available, circle discussion or creative art. Flexibility is what is most needed.

We found that the more structured activities do not work for multi-age groupings.

In planning for children's creative activities, teachers generally considered a child's developmental level and thus estimated his or her attention span. Teachers were often surprised by what children were interested in and began to question many previously held assumptions about readiness. Staff often mentioned that infants became interested in activities designed for older children and that the older children often took the role of teachers in guiding younger children. In one centre, we observed an 8-month-old boy sitting for 30 minutes listening to group time for older children, with the older children "translating" and simplifying concepts to ensure his participation.

In another circle-time activity, we observed preschool children playing with infant toys for extended periods of time. In addition, we heard many instances in which the older children asked to be told stories of when they were babies. Staff commented that this gave older children the opportunity to alternate between being a baby and a grown-up as needed. Teachers found ways of making activities accessible to different ages.

> The skills are things like being able to adapt activities for children of different ages; being able to shift gears.... If you are explaining something to children of one age, you can adjust your explanation up and down, so that you are conveying the same information to children of different levels; flexibility — all the old skills are applicable, it just has to be applied in a different, more flexible manner.

One of the keys to adapting to a group with children of different ages is to alternate the pace, and pull a smaller group together when teachers sense that a more elaborate activity is needed for the older children. In many cases, the aim was to keep both young children and older children challenged and stimulated. Teachers expressed a need to have some separate activities and challenges for the older children:

> I think the biggest challenge with the kids is finding enough time and space to do things. Especially for the older children, the ongoing challenge is to keep up with them. There are a lot of things that I am used to doing with older children that have worked out fine with even the younger toddlers. But sometimes it helps to get the younger children out of the mix.

One way to ensure that children are being sufficiently challenged is to conduct regular support assessments. Bot, Sanders, and Tuns,84 teacher-preceptors at the Ryerson Early Learning Centre, developed a list of anecdotal questions, the Support Assessment

Guideline, as a support for individual child documentation and program planning (see Table 2).

The anecdotal questions in Table 2 were developed for use with children of all ages and ability levels. They have great potential and can be used as a basis for individual documentation and programming decisions, for parent discussions regarding the families' values and desires for the child, as well as for support assessments and portfolios.

No evidence supports the concern regarding lack of challenge for older children in the group or the lack of attention to infants. Teachers were found to have devised a variety of approaches to deal with the special demands of multi-age settings. Curriculum transformation is a gradual process that requires time to discuss, question and reconsider previously held assumptions.

As far as we can tell, the older children were being involved and took an interest in the activities presented. In the 12 centres we visited, we did not observe any instances where the older children were sitting apart or looking bored. The question of challenge for older children is complex and deserves further research. For instance, it should be clarified whether challenges might involve learning about relationships or whether they are to be considered in purely cognitive terms. As these challenges are refined and clarified, it will be possible to conduct research that gives definite answers about the types and degrees of challenges older children typically encounter in multi-age settings. It seems that the MROP and the Child Support Assessment instruments could play an important role in such research.

Results for Project Research Area III: Safety

by Katrina Hughes

All data reported for this section are based on the Ryerson ELC. As noted above, the centre operates with three groups of 16 children aged 3 months to 4 years of age, each with three teacher-preceptors. "Director Discretion" was granted to allow for group size modifications. All 10 teachers have degrees in ECE and the student teachers provide ratio enhancement. Our focus was on injury-type incidents rather than bacteria or infection.

Child Accident Reports

All accident reports recorded by staff at the ELC between August 1994 and July 1997 were collected. A total of 355 accident reports were reviewed from the three-year period of the study. The accident data were analysed for frequency across all three periods for all seven variables described below. These reports were divided into those falling into Period 1: Preparation (August 1994 to August 1995), Period 2: Implementation (September 1995 to July 1996); and Period 3: Post-Implementation (August 1996 to July 1997). Each accident report was coded according to a predetermined coding scheme that provided details about each report as follows:

1. Date of accident
2. Date of birth of child (from child's file)
3. Age of child at time of accident (calculated for each accident report)
4. Location of accident (inside/outside)
5. Time of accident
6. Severity of accident
7. Cause of accident

Severity of accident was coded according to four levels as follows:

Level 1 – Minor (e.g. minor scrape, bump or bruise requiring no First Aid other than cleaning and comforting), (not included in further analysis);

Level 2 – Moderate (as above, only requiring minor First Aid, e.g. ice, band-aid);

Level 3 – Serious (as in Level 2 but of sufficient severity to warrant informing parents at time of occurrence and possibly seeking non-emergency medical attention). If medical attention is required, the injury becomes a level 4; and

Level 4 – Serious Occurrence (as defined by the provincial Ministry of Community and Social Services reporting protocol for serious injuries requiring emergency medical treatment, e.g. stitches, broken bones).

Cause of accident was defined by the presence or absence of other details in the description of the accident as recorded in the accident report. Details included categories of equipment such as toy, sandbox, swings, tricycle, stairs, climber, etc. A separate category of "details" was used for any accident that also involved another child. Biting was also included as a separate item under "details." In the absence of any other details, the accident was classified as a "bump" or "fall."

Number of accidents: The total number of accidents across all age groups for each time period were as follows: Period 1: N=101, Period 2: N=141 and Period 3: N=113. These figures represent a mean number of accidents per day for each period of 0.42 for Period 1; 0.59 for Period 2; and 0.47 for Period 3. The accidents for each period were then analysed by age group as follows: infants up to 12 months, infants 13 to 18 months, toddlers 19 to 30 months, preschoolers 31 to 60 months, and over 60 months. The highest incidence of accidents by age group across all periods was for children 18 to 30 months except for Period 1, where children over 30 months had the highest incidence. The second highest frequency by age group was for children over 30 months, across all periods except for Period 1. Although the overall number of accidents showed an increase from Period 1 to Period 2, the accidents for the largest age group (31–60 months) showed a decrease across all three periods. All age groups showed a decrease from Period 2 to Period 3 with the exception of the older infant group (13–18 months). Calculations were made to obtain an "accident rate" comparable with the Public Health data, by multiplying the number of enrolment days in each period by the average enrolment for each age group, to obtain a denominator of total child-days then dividing by 1000. These rates are also shown in Table 3.

TABLE 3

ACCIDENTS BY AGE GROUP WITHIN THE RYERSON CENTRE

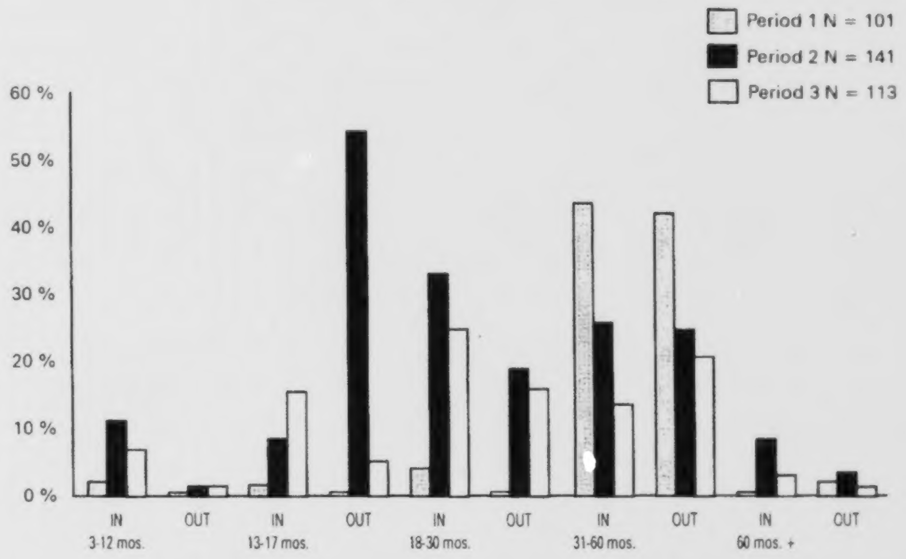
	3–12 Mos.	13–17 Mos.	18–30 Mos.	>30 Mos.	TOTAL	Accident per Day	Accident Rate per 1,000 Child/Days
PERIOD 1 (pre-implementation)	2	0	11	88	101	.42	7.0
PERIOD 2 (transition)	12	12	59	58	141	.59	19.8
PERIOD 3 (post-implementation)	9	20	43	41	113	.47	7.8
Accident Rate (per 1,000 child/days) by Age Group **Period 3**	13.4		11.9	5.0			
Public Health Accident Rates*	18.3		28.3	4.0			

*Based on environmental Health Injury Data Set. x number of age-segregated child care centres.

Location: The number of accidents by location (inside/outside) showed a slightly higher incidence for inside than for outside, as seen in Figure 1.

FIGURE 1

ACCIDENTS BY AGE GROUP AND LOCATION



This pattern was consistent across all three periods and also across all age groups except preschoolers in Periods 2 and 3. The higher incidence for accidents occurring outside for preschoolers is consistent with general accident reporting for this age group.

Time of Day: The number of accidents by time of day showed two peak times of day for accidents: the first being at the end of the day (3:00–6:00 p.m.) and the second being in the late morning (10:00–12:00 a.m.). This pattern was also consistent across all three periods and for all age groups (see Table 4).

Level of Severity: Level of severity of accidents was analysed for all three periods and showed a consistent pattern of Level 2 (minor First Aid, e.g. ice, band-aid required) being the highest frequency; followed by level 3, then 4 (see Table 4).

Accidents of severity level 3 and 4 were further broken down by age group, to determine specific frequencies for these levels (see Table 6). There was only one accident of severity level 3 across all three periods for all children under 18 months, which was an incident involving an 11-month-old infant in Period 2. The accident report relating to this incident was reviewed for further detail and it was found that the incident involved a push toy and another child (it is unclear whether this was an aggressive act or simply an accident), which resulted in a bump to the head deemed serious enough to contact the parent to have the child checked at the Ryerson Health Centre. No further follow-up was recommended by the Ryerson doctor on duty. No other incidents of severity level 3 or 4 were reported for any children under 18 months in any other period. All other incidents of severity level 3 were children 18 to 30 months (7) or over 30 months (10).

TABLE 4

NUMBER OF ACCIDENTS BY AGE GROUP AND TIME OF DAY

		8–10 a.m. (1)	10–12 a.m. (2)	12–3 p.m. (3)	3–6 p.m. (4)	Unknown	TOTAL
PERIOD 1	3–12 mos.	0	0	0	1	1	2
N = 101	13–17 mos.	0	0	0	0	0	0
	18–30 mos.	2	1	2	2	3	11
	31–60 +	6	27	7	43	6	88
	n =	**8**	**28**	**9**	**46**	**10**	**101**
PERIOD 2	3–12 mos.	4	2	1	4	1	12
N = 141	13–17 mos.	1	7	2	1	1	12
	18–30 mos.	11	12	7	26	3	59
	31-60 +	9	22	1	20	6	58
	n =	**25**	**43**	**11**	**51**	**11**	**141**
PERIOD 3	3–12 mos.	1	2	2	4	0	9
N = 113	13–17 mos.	5	4	4	5	2	20
	18–30 mos.	11	18	2	12	0	43
	31-60 +	6	11	2	22	0	41
	n =	**23**	**35**	**10**	**43**	**2**	**113**

TABLE 5

ACCIDENTS BY SEVERITY LEVEL

	Level 2	Level 3	Level 4	Total
PERIOD 1	79	5	0	84
PERIOD 2	110	8	1	119
PERIOD 3	74	5	1	80

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TABLE 6

SERIOUS ACCIDENT ANALYSIS BY AGE GROUP

	Severity	3–12 Mos.	13–17 Mos.	18–30 Mos.	31–60 + Mos.	Total
PERIOD 1	Level 3	0	0	1	4	5
	Level 4	0	0	0	0	0
PERIOD 2	Level 3	1	0	4	3	8
	Level 4	0	0	0	1	1
PERIOD 3	Level 3	0	0	2	3	5
	Level 4	0	0	0	1	1

There were only two accidents of severity level 4 (Serious Occurrences) both involving older preschoolers; one in Period 2 and one in Period 3. One incident involved a 3-year-old boy who suffered a broken collarbone after leaping down a short flight of stairs and falling on his shoulder. The other involved a 5-year-old boy who needed three stitches to close up a head wound incurred when a toy was accidentally dropped from the climber above him and hit him in the head.

Cause of Accident: Cause of accident was analysed in terms of the presence or absence of further details in the description on the accident report form as to how and why the accident occurred. In the absence of any other details (i.e. specifying an accident involving a toy, equipment or another child), the cause of accident was deemed to be a bump or fall. As shown in Table 7, the overall distribution of accidents by cause across all three periods showed a consistent pattern of almost half of all accidents being attributed to bumps or falls. The top three most frequently cited causes of accidents *other than* bumps or falls were then analysed and contrasted with the results from the Environmental Health Injury Database. The most frequently cited other causes overall from the ELC data were toy, biting, swings or tricycle, as compared to the Public Health data which showed Other Child (biting, scratching or hitting) as the first or second most frequent cause in all age groups.

A further breakdown was obtained to determine the frequency that another child was involved in the accident. Note though, that accidental injuries involving another child (e.g. a collision on the playground) were not differentiated from aggressive acts (e.g. bopping another child on the head), as these data could not reliably be determined in all cases from the description of the accident. Nonetheless, the results are particularly noteworthy when contrasted with the top two causes of injury identified in the Environmental Health Database.[85] The incidence of accidents involving another child (whether accidental or due to an aggressive act) were significantly lower than those *not* involving another child across all three periods and across all age groups (see Table 7) and also remarkably different from the Public Health data. Also, when the totals reported across all ages were broken down by age, there was only *one* case in Period 1 for infants under 12 months (biting—presumably by a child under 18 months with enough teeth to leave a mark), *one* case in Period 2 (over a toy—same incident as previously reported under Severity) and *no cases* in Period 3. For children 13 to 17 months, there were no incidents in Period 1, two in Period 2 and three in Period 3.

TABLE 7

CAUSE OF ACCIDENT BY IMPLEMENTATION PERIOD

CAUSES OF ACCIDENTS (including Levels 1 to 4)								
	Bumps & Falls	**Other Causes: including equipment, or another child**				**% age of accidents involving another child (including biting incidents)**		**Total Accidents (All causes)**
			#1	#2	#3	**Yes**	**No**	
PERIOD 1	46	55	Toy, sandbox	Swings, tricycle	wagon	34.5% biting=5	65.5%	101
PERIOD 2	68	73	toy	tricycle	swings	18.4% biting=2	81.6%	141
PERIOD 3	55	58	biting	Toy, climber	Sandbox swings	28.3% biting=8	71.7%	113

The ELC follows a particular policy with regard to biting: bites are not reported unless there is a mark left on the skin. Thus, only those incidents of sufficient severity to warrant an accident report being written are included. The identity of the biter is not disclosed on the accident report for reasons of confidentiality and to avoid potentially labelling certain children as "biters." Therefore, the data do not provide any information about the age of the biter, but only the age of the bite victim. Nonetheless, it does provide useful information in terms of the overall incidence of biting *of sufficient severity to warrant a report being made to parents*, which would seem to be far less than that reported under the Public Health guidelines. Anecdotal evidence from staff indicates a significant decrease in toddler biting incidents.

Questionnaire for Parents of Children Enrolled in the Centre

The second source of primary data was a questionnaire distributed in February 1998 to parents of all children currently enrolled in the ELC program. The questionnaire consisted of three sections comprising 18 questions in total.

A total of 57 questionnaires were distributed, one for each family with one or more children currently enrolled at the ELC. There were 27 returned, including 5 from families with more than one child in the program, for a total of 32 children/spaces represented by the sample. Of these 32 children represented, the breakdown in age groups represented and length of time enrolled in the program was quite representative of the centre population.

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In reference to questions regarding concerns *before* enrolling, one to three months after enrolling and *currently*, respondents were given a list of seven items and asked to rank them in order of significance. A weighted scoring system was used to calculate point values for each of the seven items according to the rank they were given. In the pre-enrolment period, the total point value for all items combined was 194. For one to three months *after* enrolment (during the child's adjustment to the program), the total point value decreased to 135. The total point value for concerns parents *currently* have about the program decreased to 74. Thus, there was an overall reduction in concerns of 120 points from Period 1 to Period 3. The points assigned to the seven items across all three periods are shown in Table 8, along with the amount of change across the three periods.

The top three concerns in the first period were competence of staff to meet child's needs (54), safety (40) and curriculum (32). In the second period, the top three concerns were health (36), safety (31) and curriculum (21). The current concerns were safety (24), curriculum (14) and environment (11) (see Table 8). The areas of concern which showed the largest amount of change (decrease in point value) were competence of staff which decreased by 48 points from Period 1 to Period 3, and health, which decreased by 27 points from Period 2 to Period 3. It was interesting to note that concerns about health increased from Period 1 to Period 2, the only concern to show an increase from one period to the next. Safety was the second concern in Period 1 and 2; yet, it was the first concern identified in the current period, despite an overall decrease in point value of 16 points from Period 1 to 3. Concerns identified under "other" in Period 1 were adjustment to group care (mentioned three times), affection and attention, and diet. In the adjustment period, the number of teachers and students was cited, as well as a similar concern about the stability of adults in the classroom. Current concerns listed under the "other" category included lack of communication, concern about hygiene and safety of the downtown Toronto environment, and a concern about access to children by untrained staff.

TABLE 8

PARENT CONCERNS BY IMPLEMENTATION PERIOD

	PERIOD 1 Before Enrolment	PERIOD 2 1-3 Mos. After Enrolment	CHANGE from Period 1-2	PERIOD 3 Current	CHANGE from Period 1-3
Multi-age	7	8	+1	4	-3
Environment of Facilities	25	13	-12	11	-14
Curriculum	32	21	-11	14	-18
Health	31	36	+5	9	-22
Safety	40	31	-9	24	-16
Competence of Staff to Meet Child's Needs	54	12	-42	6	-48
Other	5	14	+9	6	+1
None	1	5	+4	10	+9
Total	195	140		74	

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Parents who identified safety as a primary concern were asked to elaborate. Further details were provided by 8 of 27 respondents in the following categories: concerns were stated by two respondents about potential choking hazards for infants (e.g. small pieces of toys and food items), although no actual choking incidents have occurred in the four years of the multi-age program. Another concern mentioned by two respondents was the potential lack of individual attention to children's needs, especially infants. Two other safety concerns were noted about equipment (baby monitor not working properly) and facilities (gaps between railings on stairwells large enough for a small child to fall through) and one concern about adequacy of procedures for ensuring all children are present and accounted for when transitioning in and out of doors. One parent also mentioned a concern that student teachers and supply staff are not always aware of the children's level of ability or skill related to infants' gross motor development.

Parents were asked to identify whether there was a particular incident or accident involving their own or another child that had given them concern. Sixteen said no, 11 said yes. Of those who responded in the affirmative, three referred to biting incidents, five to accidents they believed could have been avoided with more attentive adult supervision (e.g. child being hurt by another child, child falling off bike, child falling out of wagon) and three incidents unrelated to safety.

Parents were asked to reflect on their responses regarding concerns prior to, just after enrolment and currently, and to identify whether their attitudes or opinions had changed over time. They were asked to rate the degree of change on a scale of 1 to 5; with "1" representing no change and "5" representing significant change. Three respondents did not answer this question. Twenty out of 24 respondents indicated some degree of change, with 12 of the 24 respondents indicating a level 4 or 5 on the rating scale, representing a significant change in attitude. Parents were then asked to indicate what factors out of a list of five choices had contributed to the presence or absence of change in attitudes. They were asked to circle all applicable factors and rank in order of significance. The weighted scoring system was used again to assign a point value to the factors. The top three factors were observations of your child or other children's (59/132) discussions with staff (39/132) and informal discussions with other parents (16/132).

Parents were asked to rate their *current* level of comfort with regard to their child's safety in the program; again using a 5-point rating scale with "1" indicating very dissatisfied/highly unsafe concerns and "5" indicating very satisfied/no concerns about safety. All 27 respondents responded between levels 3 and 5, with 23/27 split between level 4 and level 5; thus a high level of comfort and satisfaction is felt concerning children's safety.

Questionnaire for Parents of Children Withdrawn from Centre

Files of all children withdrawn from the ELC from 1995 to present were reviewed to select those who were enrolled for a period of less than six months. A total of nine children were found to meet this criterion. Of those nine, two infants were never actually enrolled, but left during their orientation period. All nine children were withdrawn within the first two years of implementation of the multi-age model (1995-97). Attempts were made to contact all nine families for follow-up interviews, but only four interviews were completed, as the remaining five parents had moved and no new contact information was available. Of the four families who did complete a follow-up interview, there were three with infants under 12 months at the time of enrolment; the youngest infant was only 3 months old. One child was 24 months old. All four parents were affiliated with Ryerson as either staff or students; however, none of them indicated that Ryerson was their first choice of child care arrangements. Preferred choices were other group child care, private home care, and/or to have one parent stay home.

All respondents indicated that they had received a tour of the centre, as well as written information about the multi-age program before enrolling. Two out of four respondents had also observed the program and had an opportunity to talk with staff before enrolling their child and said they felt the information they received from all sources was adequate; the other two did not but failed to say why not. Given the previously reported findings regarding the importance of observations of children and discussions with staff in reassuring parents *after* enrolment, it would seem advisable to maximize these opportunities in the pre-enrolment period also.

Concerns before enrolment in order of importance were safety, multi-age program/curriculum and competence of staff to meet child's needs. Although the sample size is extremely small, it is interesting that safety and multi-age program issues are *more* significant in the pre-enrolment period for these parents than they were for the much larger sample of *parents of children currently enrolled. For the one parent who chose not to use ELC, the multi-age program, environment and facilities were identified as important factors influencing this decision. Further comments suggested that the "newness" of the multi-age program was also a concern at that time (fall 1995).*

Regarding the three parents who chose to withdraw their children, the reasons cited were varied and some were apparently unrelated to the multi-age program. Some cited the following reasons for withdrawing their children: lack of communication with primary caregiver, conflict of interest as a staff working in the program, location not convenient and staff changeover. Other reasons identified were: too many children in multi-age setting, therefore not enough individual attention; multi-age (no further explanation given); infants and younger children not well supervised at that time [fall 1995]; and safety—not enough staff to care for the children properly.

Three out of the four parents chose to enrol their child in another group child care program after withdrawing from Ryerson and expressed high levels of satisfaction with this choice. One parent had chosen private home care and added the comment that multi-age is an inappropriate setting for an infant at such a young age (three months), since children do not have the opportunity to bond with anyone. Interestingly, although quite satisfied with her current child care arrangements in an age-segregated setting, another parent commented that she wished the new centre would have a multi-age grouping (especially now that she has another younger child in care at the same centre).

Discussion of Safety Component Findings

This study set out to investigate evidence regarding safety of infants within one multi-age child care program. Within the ELC, data from child accident reports, parent questionnaires and interviews with dropouts were considered. As well, several other sources were examined to provide a context for interpretation of these data.

Overall, the child accident data show an increase in Period 2 relative to Period 1, then a subsequent decrease in Period 3. The increase in Period 2 (for all age groups except preschoolers) relative to Period 1 may be related in part to the use of archival data. Although the same accident report form was used across all three periods, there may have been some inconsistency in reporting procedures between Period 1, when the centres were still operating as two separate programs, and Periods 2 and 3. The use of archival data means that recording procedures were not controlled in the same way that they would have been had the research design preceded collection of the data, so that the apparent increase in accidents for infants and toddlers from Period 1 should be interpreted cautiously with these reliability factors in mind.

From the transition period on, centre staff were meeting as one large team under one supervisor and the accident-reporting procedures were consistent across all age groups. Also, centre staff were highly sensitized to safety issues and concerns identified in the Preparation period (e.g. the focus group sessions involving students, parents, staff, faculty and licensing personnel identified infant safety as a primary concern). Accident-reporting procedures were likely more rigorous overall after implementation of the multi-age model, a hypothesis validated by staff's perceptions. Further studies of children's safety in multi-age settings would benefit from a more controlled approach to data collection, so that any question of reliability could be clearly addressed.

The increase during Period 2 should also be interpreted in light of factors relating to the transition to the multi-age model. In particular, it is important to note that the first four months of the transition year represent a period when the new multi-age program was still housed in two separate locations, due to delays in completion of renovations at the ELC. Operating out of two locations complicated the program arrangements for outdoor play enormously, with groups of children and teachers travelling back and forth daily between the two playgrounds. The challenge of coping with two locations for an extended period was only the backdrop to the enormous transition teachers were facing in creating the infrastructure for the new multi-age program. Primary care relationships, classroom environments, daily routines, programming practices, and team-teaching strategies all had to be re-examined and recreated to fit the new model.[86]

The impact of the transition to the multi-age model on every aspect of the program cannot be overemphasized. However, it is reassuring to see that in regard to children's safety, accident levels decreased again in Period 3 once the program had moved into one location and implementation of the new model was solidly under way. This evidence suggests that after the initial transition, the multi-age program was equally as safe as the previous age-segregated program. A notable exception was for children aged 13 to 18 months whose accident levels did not decrease during Period 3.

The data also indicate no significant change in the overall pattern and frequency of accident severity reported across all age groups (level 2 accidents being most frequent overall).

For infants under 13 months, there was a very low incidence of accidents overall and virtually no accidents of severity level 3 or 4 in any period. Thus, the position that infant safety for non-walkers is at risk in this multi-age program is not supported by the present evidence.

Serious Occurrence summary data obtained from the Ministry of Community and Social Services was used as a general basis of comparison for these two reports. There was no Ministry follow-up required for either of these reports, indicating that the Ministry Program Advisor was satisfied with the description of the incident and it did not warrant further investigation.

Other variables included in the accident data analysis were location and time of day; results indicated that any changes in accident rates across the three periods were independent of these two factors as the frequency patterns for these variables were consistent across all three periods. The data regarding location showed that there were more accidents reported for inside than for outside, for all three periods. However, concerns about age mixing during indoor play are not supported by the contrasting "time of day" data, as the *fewest* accidents occurred during times of day when children of all age groups (including the Kindergarten group) are all combined inside for free play, meals and various other activities and transitions (8:00–10:00 a.m. and 12:00–3:00 p.m.).

The peak times for accidents to occur were late morning (10:00–12:00 a.m.) and end-of-day (3:00–5:30 p.m.). Although most children are outside for some portion of these peak times, accidents did not necessarily correspond with outside times (depending on time of year, weather, daily routine in each room and for different groupings, outside times are variable);

therefore, the data are suggestive of other factors such as hunger and fatigue being more relevant in interpreting when accidents are most likely to occur. Also, although these top two periods correspond with peak attendance, adult–child ratios (as prescribed by provincial licensing regulations) are strictly monitored and observed throughout the day at the ELC and reduced ratios are allowed only during sleep time. Thus, staffing and supervision would be consistent across all these time periods when most children are awake.

Concerning the "location" variable, outdoor play at the ELC continues to be primarily age-segregated in two separate playgrounds according to licensing regulations, despite increasing controversy about whether it is either necessary or appropriate to separate children by age outdoors, when they mix freely during indoor play. Some age mixing (visiting) does occur, with younger children using the preschool playground, when appropriate supervision can be provided (e.g. with a teacher "shadowing" a younger child on the equipment). No accidents were reported relative to younger children (under 30 months) using the preschool side of the playground in either Periods 2 or 3. The slightly higher incidence for accidents occurring outside for preschoolers in Period 3 may have been due to a new preschool playground (completed in the summer of 1996) which involved extensive renovations to the preschool climbing apparatus and a new bike path.

One of the most remarkable findings of the accident study is the cause of accident data, particularly the results regarding incidence of accidents involving another child. Our interpretation of these data is that the low numbers provide a persuasive argument *against* the common fear that younger children will be hurt by older children. A parent of a 15-month-old girl who has been enrolled for approximately six months made the following comment:

> To date, I have never had any concerns regarding interactions between my child and other children in the room. In fact, older children have consistently demonstrated an amazing ability to observe and be aware of babies. Their interactions are gentle, genuine and illustrate that they have an understanding of why you need to be a certain way with babies.

As noted in the Results section of this Safety Component, there was an extremely low incidence of accidents involving other children for the two infant age ranges. Those incidents reported were clearly *not* indicative of a trend toward more frequent aggressive acts or accidental injuries by other children. In fact, of the very few accidents involving other children for these age groups, several would best be characterized as acts of affection gone awry (e.g. a hug that knocked both participants to the floor). The notable difference between causes of accidents reported in the Public Health study and the ELC data also suggest that the multi-age program is having a significant impact on children's behaviour toward other children generally. The observed high level of altruism and empathy is consistent with that reported in pilot data resulting from the MROP.[87]

The comments from ELC parents also echo this sense of caring and empathy communicated by older children toward their younger peers, as in the following quote from a parent whose two-year-old daughter has been attending for just under a year:

> My own child has learned incredible empathy from being around younger kids and from being treated empathetically by older children and staff.... She has been taught at the ELC to be gentle with babies and also affectionate. If she was in contact with an infant...I would have no fear of her being aggressive or thoughtless. She knows how to treat younger children because of her exposure to multi-age children.

It is essential to qualify any interpretations with the understanding that these findings are based entirely upon one child care centre's experience of multi-age care. The information and results obtained should therefore be viewed as a commentary on the program at the ELC and should not be generalized to other multi-age programs without due consideration given to the specifics of the implementation model in place at the ELC. This would include aspects such as multi-age grouping structure (including ages of children and size of groups), curriculum, facilities and environment, level of staff training, programming practices and philosophy, and staffing levels (including student-teachers and extra support staff provided to assist children with special needs and to maintain adult–child ratios at peak times of day). All of these factors have a significant impact on the quality of the multi-age program, as they would on any other ECE program model.

Results for Project Research Area IV: Education for Teachers Working in Multi-Age Settings

During our site visits to 12 centres that operated with multi-age groupings, we heard repeatedly that teachers said their education had not adequately prepared them to work in such a setting. Our education and associations studies were therefore intended to see what sort of educational opportunities were available regarding multi-age groupings. The majority of the professional associations reported they do not see themselves as having a role in education regarding multi-age groupings and are not conducting such work. Few workshops are available in this area. Our findings below are based on 87 survey questionnaires completed by program directors in Canadian ECE programs in colleges, CEGEPs and universities. In addition, we report findings from site visits and inspection of 10 current child development books. We did not, however, talk to many students in early childhood programs or inspect course syllabi.

Before proceeding to our findings, a general overview of Canadian postsecondary ECE is provided. According to a recent survey,[88] ECCE programs are offered at 117 colleges, CEGEPs and universities. In 1996, there were 20,000 students enrolled in such programs and about 4,000 students graduate each year with an ECCE certificate, diploma or degree.

Although the content and depth of Canadian ECCE training programs vary greatly,[89] there is a general desire for national training standards that reflect local differences. CCCF is providing guidance in this direction.[90] Further, there are over 80 provincial and territorial associations functioning mainly through volunteer efforts. Many of these associations contribute to in-service development by organizing conferences and workshops, and dissemination of newsletters.

In spite of the many initiatives in the field, gaps have been identified, including infant/toddler care, working with children with special needs, and cultural and racial diversity.[91] Recent financial cutbacks in all jurisdictions have resulted in increased workload for faculty and requirements to offer training in short and compressed timelines.

Areas of Need Expressed by Staff Working in Multi-Age Child Care Programs

During the site visits and in the child care centre survey, teachers and directors commented on the need for training. Further to the development of the MROP, the Child Assessment Consideration Component and the Operating Criteria Revision all provided important information regarding the need for staff education in the following areas:

- working with infants
- supporting families in home-language maintenance
- knowing how to foster positive interactions between children
- understanding patterns of attachment and consistency
- learning about program adaptations and grouping issues
- understanding how to measure quality of care
- understanding and implementing regulations
- scheduling and administration issues
- focussing on safety and behaviour management issues
- working in a team situation

Textbook Analysis

We searched the indexes of 10 current child development books for entries such as multi-age, sibling-groups, one-room schoolhouse, family, mixed-age, and cross-age grouping (see Appendix I). None of the 10 child development books examined mentioned these terms in the index. There were entries in the index for scaffolding and apprenticeship in the theoretical section relating to Vygotsky. Yet, the leap from theory-based research to practice does not seem to have been made in many of the textbooks examined.

We also examined the pictures of children in the 10 textbooks and found that some did show older and younger children together but not in the context of child care or school situations.

In examining the child care section of the text, we found no mention of multi-age in any of the texts. The discussion was structured in terms of "preschooler's care," "infant care" and so on. Overall, child development textbooks do not seem to give adequate treatment to multi-age issues.

Preparation of Students

The critical role of education for working in multi-age groupings was addressed by many of the respondents in the study. In spite of lack of resources, personnel at English and French colleges and universities were very interested in the topic as evidenced by the high response rate to our survey (65%). The locations of the respondents to the education survey are shown in Table 9.

TABLE 9

EDUCATION SURVEY RESPONDENTS BY PROVINCE

Province	Number Completed
Ontario	31
Québec	14
British Columbia	14
Alberta	7
Nova Scotia	6
Manitoba	5
Newfoundland	4
Saskatchewan	4
Northwest Territories	1
New Brunswick	1
Total	**87**

Of the 87 program directors who responded to our survey, 80 percent reported including multi-age issues in their programs. When asked about how they prepared students, faculty members gave the answers shown in Table 10.

TABLE 10

WAYS OF PREPARING STUDENTS FOR WORKING WITH MULTI-AGE GROUPINGS

	General Multi-Age	Multi-Age with Infants
Courses	70 (81%)	38 (44%)
Placements	68 (78%)	38 (44%)
Lab school	29 (33%)	9 (10%)
Workshops	19 (22%)	12 (14%)

When asked how they prepare students to work in multi-age programs, 81 percent said their programs prepared students to work in such settings. Nonetheless, the rate dropped to 44 percent when they were asked about education for including infants and toddlers in multi-age programs.

Program directors were asked specifically about which of the program courses address multi-age issues, and the responses from 69 (79%) of the respondents can be seen in Table 11.

TABLE 11

COURSES ADDRESSING MULTI-AGE ISSUES

Course	Number of Response
Curriculum/Programming	63 (72%)
Practicum/Placement	57 (66%)
Family Courses	35 (40%)
Human Development	31 (36%)
Administration/Policy	29 (33%)
Special Needs	11 (12%)

The high percentage of programs reporting specific efforts to address multi-age issues is somewhat puzzling in view of the reports from the site visits and our survey of textbooks. It is difficult to determine the depth to which multi-age issues are being addressed in courses. It is well known that the texts for many of these courses are based on ages and stages approaches to development and curriculum planning so we would have to infer that faculty members are using additional resources and materials.

The figures are especially puzzling in the case of placements and lab schools because of the rarity of inclusion of infants in multi-age settings. Respondents may have had different interpretations of the term "multi-age groupings."

We asked the program directors what had affected their decision to address multi-age issues in the program. Their responses are summarized in Table 12.

TABLE 12

FACTORS INFLUENCING DECISION TO ADDRESS MAJOR ISSUES IN PROGRAM

Reasons Given	Number of Responses
Need Expressed in the Field	47 (54%)
Motivated by Research	33 (40%)
Motivated by Discussion with Colleagues	29 (33%)
Motivated by Conferences	17 (19%)
Student Request	13 (15%)

The results of this component study demonstrate that multi-age is being addressed in existing programs. The positive side of this development is that faculty are making efforts to respond to the need expressed in the field. The negative side is that people graduating from early childhood programs do not feel prepared to work in settings with multi-age groupings.

The introduction of education for multi-age groupings will need to be gradual and developed in correspondence with placements where such arrangements exist. Given the increasing difficulties of training institutions to locate appropriate practicum settings,[92] finding centres that have a multi-age vision and congruent practice will be a challenge. In addition, modules for each course will need to be developed to support faculty who are beginning to respond to the need and this will, in time, show in the field.

Integrative Discussion

Before we deal with some larger issues, it is important to mention some limitations of the present study. We surveyed a limited number of centres, visited only one dozen, and observed few centres where infants and toddlers were integrated with the older children throughout the entire day. The main body of the report has almost no coverage related to Aboriginal families or families who speak a language other than English, French and Spanish. The study is preliminary and we recognize the need for further research.

Although there is considerable interest in the inclusion of infants and toddlers in multi-age groupings in Canada and the rest of the Americas, this is generally accompanied by a fear that such an alternative modality will lead to lowered child care standards and increased risks for young children. Yet, the assumption that age segregation in itself promotes safety is rarely questioned.

Multi-age groupings enjoy great popularity in the child care systems of many Aboriginal communities and countries such as Denmark, Sweden and the Netherlands. To understand the difference between the two approaches, it is necessary to look at the broader context of child care within the society. The following analysis draws largely upon Penn.[93]

The North American child care situation is characterized by a lack of a coherent family policy and by limited access to affordable, high-quality child care. The low pay of child care personnel has resulted in low staff morale and high turnover. Many people working with young children are themselves negative about the value of group experiences for children under 3 years of age. Regulations and legislation have been drafted in every province and territory with a focus on child–staff ratios, environmental and health conditions. This narrow focus has been based on the assumption that practices are likely to be substandard and specific guidelines are needed to protect the consumer.

In contrast, in countries that have a substantial investment in a child care system, adequate salaries and working conditions for teachers, legislation does not tend to be as prescriptive. Rather, governments set general principles and can presume that local authorities and well-trained teachers are committed and will work out the details successfully. There is widespread agreement that infants and toddlers benefit from participating in groups, and a long tradition of well-thought-out infant child care options.[94]

Although standards and regulations are clearly necessary, a narrow focus on high child–staff ratios or number of toilets and sinks per child as the way to ensure good-quality child care is simplistic. Quality issues need to be considered along with other contextual factors such as the society's commitment to children and families, staff working conditions, and their ability to be responsive to familial values and goals. Our research evidence indicates that in centres with high staff education and ongoing community collaboration, safety concerns can be met.

The present research provides evidence for the value of multi-age programs for children with special needs. Although teachers continue to need support and education, the inclusion of children of diverse ability levels is facilitated by multi-age groupings. All children can benefit by interacting with children with special needs by learning mutual tolerance, a sense of social responsibility and the role of empathy in daily living.

Our assumption is that one of the indicators of quality is the program's ability to be responsive to familial goals and an important part of this is supporting home-language maintenance. Multi-age groupings provide a possibility for grouping children with other children of the same home language and a teacher who also speaks that language.

The importance of child-to-child interactions and protecting group cohesion cannot be overemphasized. Although this research pointed to the important role of siblings in children's development, more information is needed on how the relationship between siblings can become more nurturing and less combative.

One of the greatest concerns of families of older children is that their children will not be sufficiently challenged in multi-age centres. Nonetheless, "challenge" can have several meanings. If "challenge" means school readiness, the present study has turned up little evidence on either side of the issue. If "challenge" means developing social responsibility, a concern for others, valuing linguistic and cultural diversity, and the ability to support others in their learning, then our research evidence indicates that older children were sufficiently challenged. Given recent concerns regarding school violence, the fact that the older children were challenged to care for others is an important beginning.

Reflections on Multi-Age Groupings in Aboriginal Child Care

by Margo Greenwood and Perry Shawana

Introduction

The importance of family groupings in child care settings crosses all cultural boundaries. This is particularly true for Aboriginal peoples who have experienced assimilation and cultural genocide through direct attacks upon their families. The family was the centre of Aboriginal social structures. It was within this structure that teaching and learning took place. Children learned the values, beliefs and behaviours of their family, community and Nation. They were prepared for their future. Children were not separated but were given specific roles and responsibilities within the "family circle"; they were both teachers and learners.

Family groupings within a child care setting, although different from the family circle, may serve the same purpose of caring and teaching. Younger children learn from older siblings or peers as those siblings and peers model the values and ways of their community and Nation. Within this context, the culture of a people may be passed from generation to generation.

The following section examines family groupings from an Aboriginal perspective. To understand this perspective, it is important to review the socio-political history of Aboriginal peoples along with traditional values and child-rearing practices. Likewise, it is important to examine mainstream child care diversity literature and its relevance to Aboriginal people. The section concludes with a discussion on how current legislation impacts Aboriginal child care.

Throughout this paper, we have used the terms "family groupings" and "mixed-age groups" interchangeably. For Aboriginal people, there is no distinction between the two concepts; family groupings include extended family. Extended family are not necessarily related by blood or of a specific age.

Socio-Political History of Aboriginal People in Canada

Elders teach us that we cannot know where we are and what our future has in store unless we understand where we have come from: it is with this teaching in mind that the following history is presented.

Social status indicators suggest that Aboriginal people in Canada are among the poorest of the poor. Their mortality, morbidity, suicide, accidental deaths and unemployment rates are consistently disproportionately higher than for others in Canadian society. The same is true for the numbers of Aboriginal children in care of child welfare authorities, Aboriginal people in penal institutions and those in long-term care facilities. Despite the fact that the number of Aboriginal people in Canada has nearly doubled in the last quarter century, social status indicators for the most part have remained constant.

The status of Aboriginal people in Canada today is without question directly connected to historical government policies intended to undermine the survival of Aboriginal cultures.

Aboriginal people have long asserted that that they have occupied their traditional territories for millenniums. The commonly held theory that Aboriginal people migrated to North America through the Bering Strait is being seriously challenged by recent archeological finds placing Aboriginal peoples in the Americas for more than 50,000 years.[95]

Like all peoples throughout the world, Aboriginal people explain their existence through stories related to the creation of humankind. The common tenant in these stories is that Aboriginal people were placed on their territories as "stewards" of the land. The relationship between humankind and all beings is sacred.[96] These beliefs have often been relegated to mythology, lacking legitimacy and a sense of truth. The fact is, however, that Aboriginal people have survived annihilation and assimilation policies post European contact because they have held true to their beliefs.

The *Royal Proclamation of 1763* is often cited as the first reference to the protection of Aboriginal rights in Western legal history.[97] The Proclamation is significant in that it acknowledged the existence of Aboriginal peoples and their right to occupy traditional territories without interruption from the Crown. However, the Proclamation set the stage for what clearly was intended to be an unequal relationship between Aboriginal people and European newcomers.

Under the Proclamation, lands occupied by Aboriginal people could be surrendered only to the Crown. Colonial governments of the day embarked on a treaty-making process where Aboriginal people "ceded, surrendered and forever relinquished" their traditional territory in exchange for reserve lands and other nominal benefits. The recognition of Aboriginal peoples as a Nationhood state was quickly replaced with Aboriginal peoples as wards of the state.

By Confederation (1867), Aboriginal populations had decreased by almost 50 percent since European contact, and the majority of lands covering the vast territory between the Atlantic and Manitoba were ceded in treaties.[98] The first consolidation of the *Indian Act* was passed in 1876, which governed almost every aspect of Aboriginal life.

Indians themselves were not permitted to own land and at one time required passes to leave Indian reserves. The Act defined "Indian." Persons lost their status as an Indian if they obtained a postsecondary degree, owned land, became a member of the clergy, had a mother and grandmother who were both non-Indians, or voluntarily enfranchized. Aboriginal women lost their status if they married a non-Indian person. Legally, Aboriginal people no longer had the right to define themselves.

The Act also imposed a Chief and Council system of government that displaced traditional governments and removed any accountability to Aboriginal community members. Other provisions of the Act banned traditional government institutions (such as the potlatch and sundance) and prohibited Indians from meeting or raising funds to meet or advance claims to traditional territories.

It was an offence for children not to attend school. As part of the policy of assimilation, the Crown as represented by the Minister of Indian Affairs entered into arrangements with various religious groups to provide residential schooling for Aboriginal children across Canada. More than five generations of children were removed from their homes yearly and placed in residential schools to be assimilated. The effects of these schools are still being felt today.

In the "First Nations Quality Child Care; A National Study" (in progress), community members identified residential school abuse as the single most significant historical influence on the development of Aboriginal child care services. Abuses suffered in residential schools have had an impact on the "family structure, ceremonies and community dynamics" of Aboriginal people. In the words of one participant, "residential schools made assumptions about [Aboriginal] families that resulted in extensive family breakdown, with far reaching impacts on generations yet to come."

It will be essential to continue to establish supports that will reinforce traditional Aboriginal values and belief systems. Child care services should not be a re-creation of the residential school experience but a place where children are instilled with their identity and culture of their birth.

Traditional Teachings and Child-rearing Practices

Since the earliest contact between Aboriginal people and European settlers, there have been conflicting values concerning family relationships and child rearing. For Aboriginal people, values are derived from a spiritual world view where they are in relationship with the land and hold the responsibility to care for it.[99] From the values stem customs, traditions and behaviours of Aboriginal people. These ways were passed from generation to generation through child-rearing practices and daily lived experience.

Child rearing was considered a valued, sacred responsibility to be undertaken by all members of the community. This responsibility our future. Each nation or tribe identifies their values in their own unique way; for example flows from the belief that children are not possessions but are to be cherished by all because they are, *The Seven Teachings of the Grandfathers* in the Ojibwa culture are expressed as wisdom, love, respect, bravery, honesty, humility and truth. Brokenleg and Brendtro100 identified four values that underlie traditional child rearing practices.

1. Belonging is the most significant aspect in the development of an Aboriginal person's identity. This sense of belonging goes beyond the family and community, encompassing nature as well. Maintaining balanced ecological relationships is a way of ensuring balance in one's own life.

2. Competency was enhanced by opportunities for mastery. All persons were encouraged to feel competent. However, striving for personal goals was not intended to take precedence over the goals of others as individuals learned to share personal achievements. Thus, the success of others becomes a success of all and not just a few. Competence was encouraged while individual competitiveness was discouraged.

3. Power is fostered by encouraging expressions of autonomy. Children were encouraged to be autonomous from birth, thereby developing independent decision-making skills necessary to the survival of the community. Autonomy was balanced by social controls of the community.

4. Virtue is reflected in the value of generosity. Children were taught to be generous, unselfish and to give without expectation. Aboriginal communities are built upon reciprocity; personal wealth and belongings do not elevate one's social status.

Child-rearing practices exemplify a nation's values and are integral parts of a holistic view of life. In this view, teaching and learning do not end in childhood but continue throughout a lifetime. In her description of the *family circle*, found in the parenting booklet entitled *Between 2 Worlds*,[101] Shuswap Elder Mary Thomas exemplifies these beliefs.

The family circle was the most important thing in the Secwepemc society; everybody depended on each other. The family grew as parents became grandparents and their sons and daughters became parents. The big brothers, big sisters, uncles, aunts and the older ones became the teachers of the younger ones.

There was no such thing as stores where you could just buy whatever you were short of. If you went short of something that meant you did not acquire enough while it was available. It was a peaceful life. In the winter everyone stayed in and prepared their tools, wove their baskets and got ready for the next season of food gathering. Winter was also a time of storytelling. These were the "school months" for the children. They were taught to sit and listen to the Elders, even if they didn't fully understand what the older people were talking about. When the children watched the Elders doing activities in the spring and summer they had already heard stories about it, like making baskets. Children knew what the basket was for, how it was made and how to use it. This is how children were taught.

Old men would tell stories of experiences they had hunting and fishing. They in turn encouraged the uncles and big brothers to tell their stories. The women did the same. Grandmothers told their life stories. They told of the challenges they faced and the things they had accumulated. They encouraged the young women so that they felt they could tell stories too.

When a young man felt he was old enough to have a wife the old people would let him have a wife, and he would remain part of the family. He stayed in the circle and continued to learn from his big brothers and uncles. He also bonded with younger ones who he, in turn, would teach. These young men had the ability to connect with both the older people and the younger people. It was the same for the young women. They taught the younger ones through games and stories. Every day was a learning experience for all members of the family circle. This learning was important to the survival of the family.

Thomas concluded by saying

> In the old days each member of the family had a role to play in caring for the children including older brothers and sisters. These older children learned responsibility and caring as they modeled it for the younger ones. The younger ones learned and took on their different roles as they grew in the family circle.

The concept of sharing transcends all Aboriginal values. Aboriginal cultures view children themselves as special gifts to share with others while children in turn share their gifts with the world. Cultures are sustained and the circle is complete.

Given the social-political history and subsequent destruction of Aboriginal families, the need for services that are reflective of their beliefs, values and behaviours becomes critical to the survival of their cultures and Nations. In child care services, this translates to a system that is inclusive of all healthy aspects of community. Family groupings may be one of those aspects.

Family groupings are more akin to the traditional child-rearing practices of Aboriginal communities than the segregation of children by age or any other attribute. They provide the structure through which values inherent to Aboriginal cultures and their children may be fostered. Once children are secure with their own culture, they may assume their rightful place at the centre and heart of the community and its future as the Creator always intended.

Diversity in Child Care

Both Aboriginal and non-Aboriginal peoples hold the value of passing on their culture to their children. Enculturation, a non-Aboriginal term used to describe the "things families do to enable children to know and understand a culture's shared ideas about values, attitudes, beliefs and behaviours."[102] (p. 137) underlies any discussion on cultural diversity. It is an encompassing term used to describe both content and process.

> The process of enculturation is carried on in the household and transmits to the child what members of the household have learned in their earliest years as modified by later experiences. The learned behavior passed on includes behaviors and skills, linguistic modes, food patterns, attitudes, goals and anxieties of the older generations. The enculturation process makes for continuity and change. (p. 143)

Applying the concept of enculturation to the Aboriginal experience reveals fundamental assumptions about the care and education of children that differ between Aboriginal and mainstream society. Aboriginal communities rely heavily upon the family circle and community for care and education of children. On the other hand, mainstream society entrusts the care and education of its children to the nuclear family and education system. Although the role of the family circle and community in caring for Aboriginal children is greatly diminished because of colonization and its destructive effects on Aboriginal families and communities, those structures continue to define who Aboriginal people are. Yet, mainstream society educates all children, regardless of cultural backgrounds, into the values, beliefs and behaviours of the mainstream.

This perpetuation of a select way of being highlights power differentials that exist between Canada's original peoples and mainstream society. Since the arrival of European settlers, Aboriginal people have had virtually no control over the lives of their children and families. For example, the *Indian Act* requires our children to attend an educational system that teaches values, beliefs and behaviours belonging to other cultures. Thus, the dilemma facing Aboriginal parents is: How can we prepare our children for the future and ensure that our culture is maintained? That our children are enculturated into the culture of their birth? For Aboriginal parents, these questions are not only questions of cultural survival but also of Nationhood.

This parental dilemma applies to children of different cultural backgrounds as well, but in a somewhat different way. For parents with children of cultural backgrounds unlike those of mainstream society, the struggle may not be for Nationhood so much as for the maintenance of their cultural ways within a context different from their origin. The Canadian Aboriginal experience with colonialism is unlike any other. It is this history and experience that underlies their struggle for Nationhood as well as survival of their cultures.

Common to all non-mainstream parents is the fact that they are not isolated from mainstream society but must exist within it. Cronin and Jones[103] examined the process through which children learn about their cultures and who they are. Their work focusses on the sequencing of the enculturation and acculturation processes. They maintain that children must learn the ways of the birth culture (enculturation) before taking on attributes of another culture (acculturation). Disruption to this sequence may lead to identity confusion and dissonance or even worse, assimilation. We have only to look at the aftermath of residential schools to see the destruction created by implementing assimilation policy to the children of an entire people.

Cronin and Jones[104] identified the critical role that early childhood settings can play in ensuring enculturation occurs for young children.

The younger the child, the more crucial it is for healthy development that childcare be a familiar place reinforcing the enculturation that is basic for the child's identity development in the earliest years. (p. 6)

As previously stated, child care settings implementing family groupings are more akin to traditional child-rearing practices of Aboriginal communities. When coupled with the familiarity that such structures provide to Aboriginal children, the potential to facilitate their enculturation increases significantly.

The Child Care Legal Regime and Aboriginal People

Child care legislation is based on a prescriptive model where quality care is defined by measuring the environment of child care settings. This model has no room for developing diverse community-based child care service. More important, it operates to prevent the enculturation of children into their community and culture of birth.

Aboriginal caregivers have long advocated for the need to provide children with a sense of identity and security in knowing who they are in their early years.[105] Participants in the First Nations Quality Child Care: A National Study view the current child care policy of segregating children as not conducive to the healthy development of Aboriginal children. When asked to identify the most appropriate groupings for Aboriginal children, one participant summed up the importance of age-mixed groups as:

> It is important to have older children assist with teaching the younger children. Children learn by example. It also encourages children to be together and teaches respect.

Another participant stated that:

> Age mix of children should be fluid and appropriate between age groupings and mixed-age groupings. For example, during meal preparation it would be appropriate to have both older and younger children together so that the older children can help the younger children.

While family groupings encourage traditional child care practices, current legislation and policies do not allow for this type of child care setting. In fact, they serve to further separate and disassociate Aboriginal children from their culture of birth. By omission, child care legislation implies the irrelevance of community kinship and extended family ties. More than one half of the communities involved in the First Nations Quality Child Care: A National Study identified restrictions on serving traditional staple foods to children and segregation of children by age groupings as serious barriers to obtaining quality care for their children.

In one community, the policy of age segregation resulted in a playground that was fenced off in four distinct play areas separated by chain link fence. In another community, caregivers and parents desiring a family group child care setting were not able to obtain a provincial licence until they demonstrated to government officials that Aboriginal child care by extended family was inconsistent with separate physical settings. Even then the licensing authorities granted a "variance" as opposed to an outright licence to deliver child care services that implement family groupings.

These experiences tell us that current child care legislation and policies do not support Aboriginal desires for services that enable their children to thrive and assume their rightful place at the centre and heart of Aboriginal communities. As well intentioned as child care legislation and policies may be they are simply inapplicable to Aboriginal child care services.

Aboriginal leaders in the past century have advocated on behalf of all Aboriginal people for the right to govern themselves. In relation to child care, it is not simply a matter of establishing services but an overarching authority that enables communities to make decisions that affect the way a child is reared. A participant in the First Nations Quality Child Care: A National Study summed up Aboriginal authority in child care as:

> It enables our communities to set standards that reflect our traditions, to reinforce our duty and responsibility as caregivers and not owners of children.

Aboriginal authority is viewed as an inherent right flowing from the nationhood status of Aboriginal people. This authority is inclusive of licensing, monitoring and setting standards and guidelines for quality child care. With these tools, the Aboriginal goal of enculturating children may then become a reality.

Overall Recommendations and Concluding Comments

Although the evidence from our project is preliminary, we do feel able to make recommendations. These favour carefully moving ahead with the implementation of multi-age groupings in Canadian child care centres. While we recognize that each province and territory has different policy documents, legislation and regulations, our overall recommendations are as follows:

Policy

- Policymakers in each jurisdiction should embark on a gradual process of enabling multi-age in consultation with the community and in response to what the community perceives to be its needs and goals.
- As multi-age models evolve, there is an increasing need for more specific guidelines and criteria, including items such as staff education, the articulation of a vision based on a multi-age philosophy, space configuration and familial request.
- Legislators must provide supporting documentation on ways multi-age groupings can be conducted while complying with legislation. This document must outline the steps to be taken by operators wishing to move toward multi-age groupings. These guidelines would also outline prorated ratios, specify issues of maximum group size and programming considerations.
- Legislators must have an opportunity to revise existing instruments to measure quality in child care centres so they are applicable to multi-age groupings.
- Before being eligible for multi-age groupings, a child care centre must have demonstrated a stable program with low staff turnover, and a highly trained team.
- Operators wishing to apply for a multi-age licence should submit a written plan to their licensing body outlining how they will provide programs that are safe and challenging for all children. This plan would have to include such components as:
  - the provisions that will be taken for the security of infants not yet able to walk, including a separate sleep area;
  - playground arrangements that will be made to provide for a balance of children's needs to interact across age groups and infant safety issues;
  - specifications on how integration of children with special needs will be encouraged;
  - a discussion of how sibling relationships will be supported and how groupings will support families' efforts for home-language maintenance; and

  - provisions that will be put in place for a process of record keeping regarding injuries to determine the nature of accidents and the ages of those involved, number and training of staff on duty, and what equipment was involved in the injury.

- The plans submitted by the operator should be considered in consultation with licensing personnel on a case-by-case basis and centres should be given pilot or provisional licences. During the period of the pilot licence, there should be increased support from licensing personnel. A stage-two licence would be granted once the operator has demonstrated the ability to provide a safe and challenging program for all children.
- Considerations for the entire enabling process should also be guided by findings of other child care studies, such as the need to maintain low staff turnover, high level of staff training, ongoing opportunities for professional development and developing collaborative relationships with families.
- Prorated ratios must be considered to allow multi-age groupings to be a viable option for child care centres. Group sizes should be kept small.
- Student teachers and approved volunteers should be considered to enhance the program, meet the infants' needs and allow greater flexibility.
- Support must be given to program leaders in all areas of the country to access training and field experiences in existing multi-age programs.

Practices

- The integration of children with special needs in multi-age groupings should be encouraged.
- Siblings should be grouped together and staff should look for ways to support families' efforts for home-language maintenance.
- Where there is more than one group of children, group cohesiveness and integrity must be respected, supported and protected by staff by keeping the same group of children together for as long as possible.
- Teachers need to make special efforts to ensure older children are sufficiently challenged by the activities provided.
- Opportunities for supporting older children in caring and nurturing behaviours toward their younger peers should be built into the overall program implementation plan.
- Infants and other young children should be allowed to follow sleeping and eating schedules according to individual needs and familial wishes.
- Careful consideration must be given to physical arrangements, including sizing down of high chairs to allow for mealtime interactions, allowing certain small materials to be used by older children at infant sleep times only, and revisiting the suitability of all existing materials.

- Staff teams for the new multi-age program must be carefully considered to provide a balance of experience and expertise with each age group, for each multi-age classroom.
- Staff must have a solid knowledge of environments and programming relevant to all age groups. Above all, staff must demonstrate a willingness to adapt to the demands of the new multi-age model.
- Flexibility and openness to change are essential staff characteristics which must be developed and supported in order for a multi-age program to succeed. Making sure staff have ample opportunity for discussion and training is strongly advised.
- The support of the families throughout the transition and implementation period is essential. Centres considering multi-age grouping are advised to work closely with their community and parent group to identify questions and concerns they would need to address in the planning and development of a new program model.
- The video "Multi-age in Action"[106] is a useful tool for informing parents about the experience children, parents and staff can expect in moving to multi-age groupings.

Safety Issues

- A plan should be developed and approved by the licensing body to address the safety of children in a multi-age program, including:
  - safety of children between 13 and 18 months of age;
  - security of infants not yet able to walk;
  - the period of transition from same-age to multi-age groupings;
  - playground and indoor gross motor arrangements that provide for a balance between children's needs to interact across age groups and infant safety issues;
  - record keeping regarding all accidents, particularly serious occurrences, to determine the nature of accidents and the ages of those involved; and
  - adaptations to the environment that may have to be made to provide restrictions by age where necessary (e.g. the provision of appropriate segregated areas for non-walking infants and the use of barriers to provide limited access to materials designed for preschoolers).

Preparation for Working in Multi-Age Centres

- Licensing personnel and policymakers require up-to-date information on multi-age issues.
- All persons working with young children should engage with families and communities in ongoing discussions regarding goals of early childhood care and education and value-based definitions of quality.

- Colleges, CEGEPs and universities need support for preparing students to work in multi-age settings. The introduction of education must be gradual and developed in correspondence with placements where multi-age arrangements exist. Modules for each course need to be developed to support faculty who are beginning to respond to the need and this will in time show in the field. Centre staff need education in the following areas:
  - working with infants;
  - supporting families in home-language maintenance;
  - knowing how to foster positive interactions between children;
  - adapting curriculum activities to multi-age groupings;
  - understanding patterns of attachment and consistency;
  - program adaptations and grouping issues;
  - understanding how to measure quality of care;
  - understanding and implementing regulations;
  - scheduling and administration issues;
  - safety and behaviour management issues; and
  - working in a team situation.

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Appendix A
Policymakers Interviewed

ALBERTA

Neil Irvine
Director
Child Care Programs
Alberta Family and Social Services
Edmonton
April 1997

Lorna Rogers Supervisor of Licensing
Alberta Family and Social Services
Edmonton
September 1997

BRITISH COLUMBIA

Dave Gilbert
Director of Day Care
Child Care Branch
Ministry of Women's Equality
Victoria
April 1997

Kathy Lamb
Child Care Consultant
Ministry of Health
Community Care Facilities Branch
Victoria
September 1997

Ruth Fahlman
Westcoast Multicultural and Diversity Services
Westcoast Child Care Resource Unit
Vancouver
July 1998

Debra Bockner. Chief Licensing Officer
KBCHSS
Nelson
August 1998

Judy Pollard
Association of Early Childhood Educators of British Columbia
Vancouver
September 1998

Gyda Chud
Vancouver Community College
Vancouver

MANITOBA

Kathy Reid
DirectorDepartment of Families Services
Child Day Care
Winnipeg
April 1997

Sharon Balasko
Independent Consultant
Winnipeg

NEW BRUNSWICK

Diane Lutes
Provincial Coordinator
Office of Childhood Services
Department of Health and Community Services
Fredericton
May 1997

Victoria Smith
Regional Early Childhood Services Coordinator
Department of Health and Community Services
Fredericton
September 1997

Elizabeth McAleenan
Manager
Passamaquoddy Day Care
Fredericton
September 1997

NEWFOUNDLAND AND LABRADOR

Helen Sinclair
Policy Specialist
Child Care Services
Department of Social Service
St. John's
May 1997; June 1999

Cass Shannahan
Training Representative
Early Childhood Services Advisory Committee
St. John's
January 1999

NORTHWEST TERRITORIES AND NUNAVUT

Diane Staton
Instructor
Nunavut, Arctic College
Yellowknife
April 1997

Josephine Tees
ECE Consultant Early Childhood School Services
Department of Education, Culture and Employment
Yellowknife
June 1997

Leslie Leafloor
Child Care Development Coordinator
Department of Education, Culture and Employment
Yellowknife
September 1997

Dolores Dooley
Early Childhood Consultant
Early Childhood and School Services
Department of Education, Culture and Employment
Yellowknife
September 1997; January 1999

NOVA SCOTIA

Jane Grantmeyer
Manager of Child Care Licensing and Standards
Prevention and Child Care Services
Department of Community Services
Halifax
May 1997

Linda RiceInstructor
Nova Scotia Community College
Kentville
May 1998

Virginia O'Connell
Mount Saint Vincent University's Child Care Centre
Halifax
May 1998

Goranka Vukelich
St. Joseph's College
Halifax

Joanne Ross
Department of Community Services
Halifax
April 1999

Shari Ridgwell
Program Specialist
Department of Community Services
Halifax
December 1998

ONTARIO

Martha Friendly
Coordinator
Child Care Resource Unit
University of Toronto
Toronto
May 1997

Marcia Barss
Director
Cronyn Child Care Centre
London
May 1997

Adelle Scott-Anthony
Program/Policy Analyst
Ministry of Community and Social Services
Child Care Branch, Hepburn Block
Toronto
June 1997

Yvonne Park
Licensing Consultant
Child Care Unit
Ministry of Community and Social Services
Toronto
September 1997

Donna Blakely
Program/Policy Analyst
Ministry of Community and Social Services
Child Care Branch, Hepburn Block
Toronto
April 1999

PRINCE EDWARD ISLAND

Kathleen Rochon
CoordinatorEarly Childhood Services
Department of Health and Social Services
Charlottetown
May 1997; December 1998

Cathy McCormic
Consultant
Early Childhood Services
Charlottetown
September 1997

QUEBEC

Jocelyn Tougas
Translator and Child Care Policy Consultant
Saint-Luc de Dijon
September 1997

Marie-Patricia Gagné
Département de la recherche
Ministère de la Famille et de l'Enfance
Montreal
March 1998

George Clairmont
Service des inspections
Ministère de la Famille et de l'Enfance
Montreal
June 1998

Pierre Bergeron
Coordonateur
Regroupement des services de garde sans but lucratif du Saguenay-Lac-Saint-Jean
Jonquière
June 1998

SASKATCHEWAN

Debora Bryck
Director
Child Care Division
Department of Social Services
Regina
May 1997

Kathie McFarland
Community Program Consultant
Child Care Division
Department of Social Services
Regina
August 1997

Brenda Doherty
Assistant Director
Child Care Division
Department of Social Services
Regina
October 1998

YUKON TERRITORIES

Debbie Mauch
Director
Child Care Service Unit
Department of Health and Social Services
Whitehorse
June 1997

Carol Oberg
Child Care Inspector
Child Care Service Unit
Department of Health and Social Services
Whitehorse
August 1997

Lesley Gardiner
Child Care Inspector
Child Care Services Unit
Family and Children's Services
Department of Health and Social Services
Whitehorse
October 1998

Appendix B
Questionnaire for Policymakers

Interview One Questionnaire

Multi-Age Child Care Settings

Are there any multi-age child care centres in your province?

If Yes:

Is there any requirement for pre- or in-service training related specifically to multi-age groupings? If so, what is your office's involvement in this training?

What do you see as possible benefits or issues related to multi-age groupings?

If No:

Is this because of legislation that would prohibit such centres?

If multi-age groupings were proposed, would you be opposed to, or in favour of them? Why? (**probe:** What do you see as possible benefits or issues related to multi-age groupings?)

Is there anything about multi-age settings that would cause them to operate differently in remote areas? (**probe:** Are there factors or conditions that could affect the ability of certain communities to comply with licensing requirements?)

Are you aware of any research regarding multi-age groupings in your province?

Interview Two Questionnaire

Are there multi-age grouping policies or regulations that specifically address the care of infants? (**probe:** Is the inclusion of infants encouraged or discouraged in multi-age groupings?)

Are centres able to request a licensing waiver if they wish to have multi-age groupings?

What are some of the stipulations in the provincial/territorial day care legislation, policies and/or regulations that would discourage or inhibit multi-age groupings? (**probe:** What are some of the restrictions related to multi-age groupings? What do you perceive as some of the major concerns related to multi-age groupings?)

Are program evaluation standards and procedures the same or different for multi-age centres? (**probe:** Is the relationship between the multi-age centre and its consultant/licencer/program evaluator the same or different from that of an age-segregated centre? Please explain.)

Interview Three Questionnaire

Please respond to the following hypothetical situation:

I am the supervisor/director of a child care centre in the province/territory of ________. I have just attended a workshop with the Ryerson group and learned about its multi-age program that mixes infants, toddlers and preschool children. What would I need to do in order to implement a similar multi-age program in my centre? My specific questions are:

Under what conditions would I be able to mix infants and toddlers with older children in this province/territory? How do the regulations prevent and/or the guidelines discourage this sort of multi-age groupings? (e.g. in Nova Scotia, the regulations do not prevent multi-age but guidelines specifically address the separation of infants.)

What waivers or exemptions would I need? What is the application procedure for child care centres wishing to set up multi-age groupings? List items that are interpreted differently when you have a multi-age exemption.

What would my licensing consultant look for during visits that would affect our ability to conduct multi-age groupings?

In this province/territory, are you aware of any exemptions, waivers or pilots for multi-age settings that have been granted for the following reasons:

________rural or remote location

________service need (e.g. need for more infant care)

________cultural need (e.g. Aboriginal)

________philosophy/vision

________parental demand

________lab school

________other (please specify)

What groups, associations and organizations could I connect with that could support or inform me about the process of applying to be a multi-age centre?

Appendix C
List of Centres Completing Child Care Centre Questionnaire

Alberta

Beaverlodge Day Care Centre
Beaverlodge

St. Albert Day Care Centre
St. Albert

Grant MacEwan Community College
Demonstration Day Care
Edmonton

Rosemont Child Care (Panda)
Calgary

YWCA Child Care Centre
Calgary

Bowness Montgomery Day Care
Calgary

Lotsa Tots Child Care
Red Deer

British Columbia

First Nations Child Care Centre
Vancouver
Family Tree HouseCranbrook

Sparwood Day Care Centre
Sparwood

Manitoba

Lakeview Children's Centre Inc.
Langruth

Knox Day Nursery Inc.
Winnipeg

Playmates Pre-School Inc.
Winnipeg

Winkler Day Care Centre Inc.
Winkler

Learning and Growing Day Care Inc.
Winnipeg

River Avenue Co-operative Day Nursery Inc
Winnipeg

Souris Co-operative Day Care Centre Inc.
Souris

Sunny Mountain Day Care Centre Inc.
Winnipeg

Kings Park Day Care
Winnipeg

Cornish Child Care
Winnipeg

Downs Children's Centre
Winnipeg

Gimli Children's Centre
Gimli

Machray Day Nursery
Winnipeg

Seven Oaks Child Day Care
Winnipeg

Canterbory Park Day Care
Winnipeg

Portage Day CarePortage
La Prairie

Action Centre Day Nursery Inc.
Winnipeg

Ashworth Day Care Inc.
St. Vital

Splash Child Care Inc.
Winnipeg

Sister MacNamara Day Care
Winnipeg

The Children's Play Co-op Inc.
Pinawa

Kid Gloves Day Care Inc.
Winnipeg

Discovery Children's Centre
Winnipeg

New Brunswick

College Hill Day Care University of New
Brunswick
Fredericton

Newfoundland

Peter Pan Preschool
Gander

The Children's Centre Co-op
St. John's

Cabbot Children's Centre
St. John's

Day Break Parent Child Care Centre
St. John's

Aboriginal Head Start
Goose Bay

Northwest Territories and Nunavut

Kids First Day Care
Yellowknife

Midnight Sun Day Care
Inuvik

Fort Smith Day Care
Fort Smith

First Steps Day Care
Iqaluit

Neshda Child Care Centre
Yellowknife

Kids on the Beach
Iqaluit

Pairivik Child Care
Iqaluit

Nova Scotia

Mount Saint Vincent University's Child Care Center
Halifax

Bridgewater Day Care Centre
Bridgewater

Cranberry Centre
Halifax

Dartmouth Day Care
Dartmouth

University Children's Centre
Halifax

Kingstec Day Care
Kantville

Ontario

Inglenook Creche Child Care
Owen Sound

South East Grey Community Outreach
Markdale

Rama Day Care Centre
Rama

Georgina Island Day Care Centre
Sutton

Bev Bernier Child care Centre
Newmarket

Duntroon Day Care Centre
Duntroon

Cronyn Child Care Centre
London

Confederation College Children and Family Centre
Thunder Bay

Zoe Day Care Centre
Toronto

Early Learning Centre Ryerson Polytechnic University
Toronto

UCC Flexible Child Care
University of Western Ontario
London

Kathy's Day Care
Belleville

City of Windsor Child Care Centre-Jefferson Centre
Windsor

Canadian Auto Workers Child Care and Developmental Services
Oshawa

Children's Place
Ottawa

Prince Edward Island

Child Development Centre
Charlottetown

Quebec

Service de Garde la Trâlée Inc.
Rimouski

Garderie les Petits Soleils Magiques
Saint-Anaclet-de-Lessard

Garderie Gari-Gatou
Jonquière

Garderie le Jardin Ensanté
Jonquière

Corporation l'enfanthèque
Alma

Garderie le Palais des Bouts de Choux
Québec

Garderie la Bougeotte du YMCA
Québec

Garderie Saute-Crapaud Inc.
Cookshire

Garderie Pouponnière Rayons
de Lune
Gatineau

Garderie Populaire de Fermont
Fermont

Le Labo des Petits
Laval

Garderie Jardin des Pins
Odanak

Garderie Auettissats
Mashteuiatsh

Kamattsiavik Daycare
Quaqtak

Garderie la Petite École Inc.
Daveluyville

Garderie Sakihitokiwan
Obtdjiwan

Les Coquelicots
St. Hyacinthe

Le Pavillon des Tout-Petits
Montreal

Le Pavillon d'Enfants Tanios
Montreal

Garderie le Pissenlit
Montreal

Saskatchewan

Growing Together Day Care Centre
Fort Qu'Appelle

Souris Valley Child Care
Weyburn

Redvers Activity Centre Inc.
Redvers

St. Louis Kidland Day Care
St. Louis

Star Daycare Centre
Moose Jaw

Today's Cooperative Child Care Centre Ltd
Lestock

Primary Day Care
Vibank

Shaunavon Day Care Co-operative
Shaunavon

SIAST Day Care
Regina

Southwest Day Care Centre
Moose Jaw

Confederation Park Child Care Co-op
Saskatoon

Idylwyld Child Care Co-op
Saskatoon

Woodland Child Care Co-op
Prince Albert

Regency Day Care Co-op
Regina

Wascana Day Care Co-op inUniversity of
Regina
Regina

Wise Owl School Age Care
Regina

ABC Child Care Centre
Moose Jaw

Yukon Territories

The Treehouse Playschool
Whitehorse

Klaune Day Care
Whitehorse

Appendix D
Multi-Age Centres Visited

CENTRE	Rural/ Urban	Auspice	Ages of Children Enrolled	Size: Number of Children Enrolled	Hours of Observation	Hours of Taped Transcripts (Parents)	Hours of Taped Transcripts (Teachers)	Hours of Taped Transcripts (Director)
1 Manitoba	urban	non-profit	infants/ toddlers/ preschool school-age infants visit	L 40	5	1	5	1
2 Ohio	urban	non-profit	toddlers/ preschool mixed	M 30	6	1	3	1
3 Nova Scotia	rural	non-profit lab school	infants/ toddlers/ preschool infants visit	M 18	6	1	3	2
4 Nova Scotia	urban	non-profit lab school	toddlers/ preschool mixed	L 54	6	3	3	1
5 Ontario	urban	non-profit workplace	infants/ toddlers/ preschool mixed	S 11	6	2	3	1
6 Quebec	rural	non-profit	infants/ toddlers/ preschool/ school-age infants visit	L 52	6	2	4	2
7 Quebec	urban	non-profit workplace	infants/ toddlers/ preschool/ school-age infants visit	M 31	6	3	3	1

CENTRE	Rural/ Urban	Auspice	Ages of Children Enrolled	Size: Number of Children Enrolled	Hours of Observation	Hours of Taped Transcripts (Parents)	Hours of Taped Transcripts (Teachers)	Hours of Taped Transcripts (Director)
8 Quebec	rural	non-profit	infants/ toddlers/ preschool/ school-age infants visit	L 51	5	2	4	2
9 Ontario	rural	non-profit hub model	infants/ toddlers/ preschool/ school-age mixed	M 18-34	3 1/2	0	1	2
10 British Columbia	urban	non-profit	infants/ toddlers/ preschool mixed	S 10-16	2	0	0	0
11 Ontario	urban	non-profit lab school	infants/ toddlers/ preschool mixed	L 60	5	11	5	1
12 Ontario	rural	non-profit	toddlers/ preschool/ school-age mixed	L 40	6	2	3	1

Appendix E
Child Observation Protocol for Site Visits

1. Focal Child Selection.

Ask centre director to select two "older" and "younger" children who have been most influenced by multi-age grouping (audio-tape director's rationale for choice of children).

Ask director to supply a list of children with ages:

Infant (less than 18 mos.)	Toddler (1.5–2.5 yrs.)
Young (2.5–4 yrs.)	Older (over 4 yrs.–6 yrs.)
School Age (Over 6 yrs.)	

Ask director to identify children who speak languages other than English or French and children with identified special needs.

2. OBSERVER A

Continuous observation of 30-minute periods of each focal child and responses by teachers and other children. Follow up with teacher interviews to obtain context. Identify and describe in detail instances of the following MROP areas:

I. Prosocial: Caring, Helping, Respect	
II. Conflict	
III. Scaffolding/Negotiation	
IV. Cognitive	Language Logic, Math, Science Literacy
V. Self-Development	Affective, Frustration, Boredom, Overstimulation, Engagement
VI. Diversity	Language, Differences, Interactions

3. OBSERVER B

Observe at least one of each activity type that involves multi-age groupings to identify instances of six areas listed above:

Free Play Outdoor Transition Routine Toilet Lunch

For three periods of 15 minutes each, record a snapshot of where everyone in the room is (do play groups consist of same-age or same-sex participants?).

Follow up with teacher interviews to elaborate on incidents.

Appendix F

Guide for Family Focus Groups in Site Visits

Background

1. What is the age of your child(ren)?

2. How long has (your child) attended this centre? Full time? Part time?

3. What other child care arrangements have you had for (your child)?

4. Are your child's best friends the same age or of different ages? Describe the nature of the relationships giving specific examples of conflict and nurturing.

5. Is your child attached to a particular caregiver? Is there particular attachment to the assigned primary caregiver? Describe the nature of the transition to older groups.

6. If there are no infants in this centre and if they were allowed, would you place your infant in the centre? What would be the benefits to older and younger children?

7. If there are infants in this centre, what kind of issues have come up in terms of your child or that you are aware of generally?

8. How would you describe the discipline methods in the centre? Are they different from those you use at home? What would have to be changed for an infant in terms of discipline methods?

Appendix G
Accident Report Form

RYERSON EARLY LEARNING CENTRE - ACCIDENT FORM

CHILD'S NAME: ____

DATE OF ACCIDENT: ____________________________ TIME: ______________

NAME OF STAFF ATTENDING CHILD: ________________________________

DESCRIPTION OF ACCIDENT: ______________________________________

____

____

TREATMENT GIVEN AT CENTRE: ____________________________________

____

____

TREATMENT GIVEN AT HEALTH CENTRE/HOSPITAL: _____________________

____

____

PARENTS CONTACTED? YES (   ) NO (   ) TIME PARENTS ___________

MCSS CONTACTED? YES (   ) NO (   ) CONTACTED: ___________

NOTE IF ANY FOLLOW-UP ACTION TAKEN:

For example:
- communication with other staff/involved children
- review use/condition of equipment
- review program, policies, etc.

Describe: ____

____

SIGNED BY:

____

COORDINATOR ATTENDING STAFF

DATE: ________________________________

ATTENDING STAFF MAKES TWO COPIES OF THIS FORM. ONE COPY IS FOR THE PARENT AND THE OTHER IS FOR THE OFFICE/CHILD'S FILE.

Appendix H
Questionnaire for Parents of Children Enrolled in the Centre

1. Approximately when did you first put your name on the waiting list for a child care space at Ryerson?

Month ________________ Year ____________________

2 (a) What other child care options, if any, did you consider at that time? Check all that apply and rank in order of preference from 1 to 5 where 1=most desirable and 5=least desirable.

(a) one parent stays at home
(b) care by a relative
(c) in home caregiver/nanny
(d) private home child care
(e) other group child care centre
(f) other (please specify)____

2(b) Where did Ryerson rank on a scale from 1 to 5?

3. What kinds of information did you receive about the Ryerson program when you first put your name on the waiting list? Check all that apply and rank in order of effectiveness on a scale of 1 to 5, where 1=most effective and 5=least effective.

(a) tour of the centre
(b) verbal information by phone
(c) written information by mail
(d) information from other ELC parents
(e) other (please specify) ____

4. What questions or concerns did you have **PRIOR** to the enrolment or the admission offer regarding the Ryerson program? Circle all that apply and rank in order of significance on a scale of 1 to 5, where 1=most significant and 5=least significant.

(a) multi-age
(b) environment/facilities
(c) curriculum/program/activities
(d) health
(e) safety
(f) competence of staff to meet child's needs
(g) other (please specify) ____

5. Did you feel these questions/concerns were addressed in the information you received prior to the offer of admission?

☐ Yes

☐ No

☐ Partially

If no, why not?
Comments? ____________________

____

____

6(a) Approximately when were you offered a child care space at the ELC?

Month ____________ Year ____________

6(b) What was your child's age in months at that time?

________ Months

7(a) Approximately when was your child actually enrolled in the program?

Month ____________ Year ____________

7(b) For how long was your child enrolled?

________ Months

If child was NOT enrolled, go to question 8(a).
If child WAS enrolled, go to question 8(b).

8(a) Which of the following factors/areas of concern influenced your decision not to enrol your child? Circle all that apply and rank in order of significance on a scale of 1 to 5, where 1 = most significant and 5 = least significant.

(a) multi-age

(b) environment/facilities

(c) curriculum/program/activities

(d) health

(e) safety

(f) competence of staff to meet child's needs

(g) other (please specify) ____________________

8(b) Which of the following factors/areas of concern influenced your decision to withdraw your child?

(a) multi-age
(b) environment/facilities
(c) curriculum/program/activities
(d) health
(e) safety
(f) competence of staff to meet child's needs
(g) other (please specify) ____________________

9. What child care arrangements did you make in place of your child's enrolment at Ryerson?

(a) one parent stays home
(b) care by relative
(c) in-home caregiver/nanny
(d) private home care
(e) other group child care
(f) other (please specify) ____________________

10. What is your level of satisfaction with your current child care arrangements? On a scale of 1 to 5, where 1=very dissatisfied and 5=very satisfied.

Any other comments?

____
____
____
____
____
____
____
____
____

Thank you very much for your time. Your input will provide valuable information about parents' choices of child care and especially about our effectiveness in addressing concerns about the multi-age program.

Appendix I
Child Development Texts Examined for Education Component

Berger, K., & Thompson, R. (1995) *The Developing Person: Through Childhood and Adolescence*. New York: Worth Publishers

Berk, L. (1999) *Infants, Children and Adolescents*. Boston: Allyn and Bacon

Cole, M., & Cole, S. (1993) *The Development of Children*. New York: Scientific American Books

Craig, G., Kermis, M., & Digdon, N. (1998) *Children Today: Canadian Edition*. Scarborough, Ont.: Prentice Hall

Feldman, R. (1998) *Child Development*. Upper Saddle River, N.J.: Prentice Hall

Lefrancois, G. (1995) *Of Children: An Introduction to Child Development*. Belmont, Calif.: Wadsworth

Rice, F.P. (1997) *Child and Adolescent Development* Englewood Cliffs, N.J.: Prentice Hall

Schickedanz, J., Schickedanz, D., Forsyth, P., & Forsyth, G. (1998) *Understanding Children and Adolescents*. Boston, Mass.: Allyn and Bacon

Seifert, K., & Hoffnung, R. (1997) *Child and Adolescent Development*. Boston, Mass.: Houghton Mifflin Company

Shaffer, D. (1996) *Developmental Psychology: Childhood and Adolescence*. New York: Brooks/Cole

Appendix J
Training Institutions Completing Education Questionnaire

Alberta

Grande Prairie Regional College
Department of Early Childhood Development
Grand Prairie

Grant MacEwan
Community College
City Centre Campus
Early Childhood Development Program
Edmonton

Keyano College
Early Childhood Development Department
Fort McMurray

Lakeland College Vermilion Campus
Early Childhood Development Program
Vermilion

Medicine Hat College
Early Childhood Development Program
Medicine Hat

Mount Royal College
ECE and ECD Department
Calgary

Red Deer College
Early Childhood Education Program
Red Deer

University of Alberta
Department of Elementary Education
Edmonton

British Columbia

Burnaby College
Burnaby

Camosun College
Early Childhood Department
Victoria

Capilano College
Early Childhood Education Program
North Vancouver

College of New Caledonia
Early Childhood Education Program
Prince George

Kwantlen College,
Richmond Campus
Early Childhood Education Program
Richmond

Langley Community Education
Early Childhood Education Department
Langley

North Island College
Early Childhood Education Program
Port Alberni

North Shore Continuing Education
Early Childhood Education Program
North Vancouver

Northwest Community College
Terrace

Okanagan University College
Kelowna

Selkirk College
Early Childhood Education Program
Castlegar

University College of the Cariboo
Human Services Dept., ECE
Kamloops

University of British Columbia
Early Childhood Education Program
Vancouver

Vancouver Community College
Early Childhood Education Program
Continuing Education,
Langara Campus
Vancouver

Manitoba

Assiniboine Community College
Brandon

Keewatin Community College,
The Pas Campus Continuing Education
Department
The Pas

Red River Community College Early
Childhood Education Program
Winnipeg

University of Winnipeg
Developmental Studies
Winnipeg

Collège universitaire de Saint-Boniface
École technique et professionnelle
Saint-Boniface

New Brunswick

University of New Brunswick
Faculty of Education
Fredericton

Newfoundland

Academy Canada Career College
Early Childhood Education Department
Corner Brook

College of the North Atlantic,
Prince Phillip Drive Campus
Early Childhood Education Program
St. John's

College of the North AtlanticEarly
Childhood Education Department,
Goosebay Campus
Labrador

College of the North Atlantic Early
Childhood Education Department,
Corner Brook Campus
Corner Brook

Nova Scotia

Institute for Early Childhood Education and
Developmental Services
Truro

Mount Saint Vincent University
Department of Child & Youth Study
Halifax

Nova Scotia Community College,
Kingstec Campus
Early Childhood Studies Program
Kentville

Nova Scotia Community College,
Burridge Campus
Yarmouth

St. Joseph's Children's Centre ECE
Training Program
Halifax

Collège de l'Acadie
Éducation de la petite enfance
Dartmouth

Northwest Territories and Nunavut

Arctic College,
Nunatta Campus
Iqaluit

Ontario

Algonquin College Early Childhood
Education Department
Nepean

Algonquin College Continuing Education
Day Program
Early Childhood Education Department
Nepean

Algonquin College, School of Renfrew
County
Early Childhood Education Program
Pembroke

Brock University
Faculty of Social Sciences
Department of Child Studies
St. Catherines

Cambrian College of Applied Arts and
Technology
Early Childhood Education Program
Sudbury

Canadian Mothercraft Society
Early Childhood Education Program
Toronto

Canadore College
Early Childhood Education Program
North Bay

Centennial College,
Progress Campus
Early Childhood Education Program
Scarborough

Conestoga College
Child Studies
Kitchener

Durham College
Early Childhood Education Program
Oshawa

Fanshawe College,
James N. Allen Campus
Early Childhood Education Program
Simcoe

George Brown College,
Nightingale Campus
Toronto

Georgian College,
Orillia Campus
Early Childhood Education Program
Orillia

Humber College
Early Childhood Education Program
Etobicoke

Lambton College
Sarnia

Loyalist College of Applied Arts &
Technology
Early Childhood Education Department
Belleville

Niagara College of Applied Arts and
Technology
Early Childhood Education Program
Welland

Northern College
South Porcupine

Ryerson Polytechnic University School of
Early Childhood Education
Toronto

St. Clair College,
Windsor Campus
Windsor

St. Lawrence College
King and Portsmouth Avenue
Kingston

Sault College of Applied Arts and
Technology
Sault Ste. Marie

Seneca College of Applied Arts &
Technology,
North York Campus
Early Childhood Education Program
North York

Seneca College of Applied Arts &
Technology,
Willowdale Campus Faculty of Education
Early Childhood Education Program
North York

Sir Sanford Fleming College
Early Childhood Education Program
Peterborough

Dept. of Family Studies
University of Guelph
Guelph

University of Toronto
Institute of Child Study
Toronto

University of Western Ontario
Department of Psychology
Social Science Centre
London

Collège des Grands-Lacs
Toronto

La Cité Collégiale
Programme Garde éducative à l'enfance
Ottawa

Collège Boreal
Garde educative à l'enfance
Sudbury

Quebec

Concordia University
Department of Education
Montreal

Heritage College
Early Childhood Care Education
Department
Hull

Vanier College
Early Childhood Education
Saint-Laurent

Collège Édouard-Montpetit
Département d'éducation en services
de garde
Longueuil

Collège Notre-Dame-de-Foy
Département d'éducation en services
de garde
Saint-Augustin-de-Desmaures

Université de Montréal
Faculté des sciences de l'éducation
Département de psychopédagogie et
d'andragogie
CentrevilleMontréal

CÉGEP du Vieux-Montréal
Département d'éducation en services
de garde
Montréal

Collège de l'Outaouais, Pavillon
Félix-Leclerc Département d'éducation
en services de garde
Gatineau

Collège de Sherbrooke
Département d'éducation en services
de garde
Sherbrooke

CÉGEP de Jonquière
Département d'éducation en services
de garde
Jonquière

CÉGEP de Rivière-du-Loup
Rivière-du-Loup

CÉGEP de Saint-Jérôme Département
d'éducation en services de garde
St-Jérôme

Université Laval
Cité universitaire
Faculté des sciences de l'éducation
Québec

Saskatchewan

SIAST, Kelsey Institute
Early Childhood Development
Saskatoon

SIAST, Wascana Institute
Early Childhood Development Program
Regina

University of Regina
Faculty of Education
Regina

SIAST, Woodland Institute
Early Childhood Development Program
Prince Albert

Appendix K
Associations Completing Education Questionnaire

Alberta

E.C.D. College Co-ordinators – Alberta Colleges
Vermillion

Early Childhood Professional Association of Alberta
Spruce Grove

British Columbia

Treasurer Coalition C.C.
Coalition of Child Care Advocates of BC
Vancouver

Early Childhood Educators of B.C. (ECEBC)
Vancouver

Westcoast Child Care Resource Centre
Resource and Information Advisor
Vancouver

Manitoba

Manitoba Child Care Association Inc.
Winnipeg

Nova Scotia

SpeciaLink: The National Mainstream Child Care Network
Sydney

Certification Council of Early Childhood Educators of Nova Scotia
Halifax

Ontario

Canadian Institute of Child Health
Ottawa

Learning Disabilities Association of Canada
Ottawa

Ontario Coalition for Better Child Care
Toronto

Canadian Child Care Management Association
Belleville

Canadian Council on Social Development
Ottawa

Vanier Institute of the Family
Nepean

Association of Early Childhood Educators
Ontario

Child care Resource and Research Unit,
University of Toronto
Toronto

Organization for Parent Participation in Child Care and Education, Ontario (OPPCEO)
Ottawa

School-age Care Association of Ontario
Oshawa

Association des éducatrices et éducateurs francophones des services à l'enfance de l'Ontario
Sudbury

Prince Edward Island

Early Childhood Development Association of P.E.I.
Charlottetown

Quebec

Organisation mondiale pour l'éducation préscolaire Canada
Pointe au Père

Association des services de garde en milieu scolaire du Québec inc.
Longueuil

Fédération des intervenantes en garderie (CEQ)
Montréal

Regroupement des garderies privées du Québec
St-Jean Chrysostome

Centre québécois de ressources à la petite enfance (CQRPE)
St-Lambert

Saskatchewan

Saskatchewan Child Care Association Inc
Saskatoon

Appendix L
Regulations Regarding Ratio and Group Size by Province and Territory

Province	Age Definition	Ratios	Groupings
ALBERTA Prorated formula Pattern A. Based on service plan. Not encouraged under 13 months. Allows multi-age if cribs and sleep conditions are met	under 13 mos.	1:3 (awake) 1:6 (sleep)	Max. group size 6
	13 mos. or over, but under 19 mos.	1:4 (awake) 1:8 (sleep)	Max. group size 8
	19 mos. or over, but under 3 yrs.;	1:6 (awake) 1:12 (sleep)	Max. group size 12
	3 years or over, but under 4.5 yrs.;	1:8 (awake) 1:16 (sleep)	Max. group size 16
	4.5 yrs. or over	1:10 (awake) 1:20 (sleep)	Max. group size 20
BRITISH COLUMBIA Pattern E. Infants are not permitted to be grouped with older children	Under 36 mos.	a) for each group of 4 or fewer children, one infant and toddler educator; b) for each group of five to eight children, one infant and toddler educator and one early childhood educator; c) for each group of nine to 12 children, i) one infant and toddler educator, ii) one early childhood educator, and iii) one assistant	(a) the children present in a facility are divided into groups of not more than 12, and (b) a separate area is available for each group of children
	30 mos. To school age	(a) for each group of eight or fewer children, one early childhood educator; (b) for each group of nine to 16 children, one early childhood educator and one assistant; c) for each group of 17 to 25 children, (i) one early childhood educator and (ii) 2 assistants	(a) the children present in a facility are divided into groups of not more than 25, and (b) not more than two children under 36 mos. of age are provided with care in a facility at any one time
MANITOBA Prorated formula Pattern A. Allows MA based on written plan negotiated with licensing consultant	12 wks. - 1 yr.	1:3	6
	1 yr. – 2 yrs.	1:4	8
	2 yrs. - 3 yrs.	1:6	12
	3 yrs. - 4 yrs.	1:8	16
	4 yrs. - 5 yrs.	1:9	18
	5 yrs. - 6 yrs.	1:10	20
	6 yrs. - 12 yrs.	1:15	30
	Multi-Age:		
	12 wks. - 2 yrs.	1:4	8
	2 yrs. - 6 yrs.	1:8	16
	6 yrs. -12 yrs.	1:15	30

Province	Age Definition	Ratios	Groupings
ONTARIO Pattern B: Walkers are to be separated from non-walkers during periods of active play Pattern C: Requires separation of children in playground Pattern D: Youngest child ratio must be maintained	under 18 mos.	3:10	10
	18 mos. of age and over up to and including 30 mos. of age	1:5	15
	more than 30 mos. of age up to and including 5 yrs. of age	1:8	16
	over 5 yrs. of age and less than 6 yrs. of age	1:12	24
	6 yrs. of age and over up to and including 12 yrs. of age	1:15	30
NEW BRUNSWICK Prorated formula Pattern A: Allowed if space and other conditions can be met Pattern B: Walkers are to be separated from non-walkers during periods of play	less than 2 yrs.	1:3	9
	2 yrs. old	1:5	10
	3 yrs. old	1:7	14
	4 yrs. old	1:10	20
	5 yrs. old	1:12	24
	6 yrs. old	1:15	30
	7-12 yrs. old	1:15	30
NEWFOUNDLAND AND LABRADOR Pattern D: Youngest child ratio must be maintained Pattern E: Infants are not permitted to be grouped with older children	0 - 24 mos.	1:3	6
	25 - 36 mos.	1:5	10
	37 - 69 mos.	1:8	16
	57 - 84 mos. and attending school	1:12	24
	85 - 144 mos.	1:15	30
		Multi-Age: No infants under 12 mos. No prorated ratios Infants should have separate sleep area Children under 24 mos. need to be at ground level Children under 24 mos. need to be allowed to eat and sleep on individual schedule	

Province	Age Definition	Ratios	Groupings
NORTHWEST TERRITORIES AND NUNAVUT Prorated formula Pattern A: Allowed at all times except during sleep			Group Size Room Max
	1 - 12 mos.	1:3	6 9 (a)
	13 - 24 mos.	1:4	8 12 (a)
	25 - 35 mos.	1:6	12 18 (a)
	3 yrs.	1:8	16 25 (a)
	4 yrs.	1:9	18 27 (a)
	5 - 11 yrs.	1:10	20 30 (a)
	12 wks. - 2 yrs.	1:4	8
	2 - 5 yrs.	1:8	16
	5 - 12 yrs.	1:10	30
NOVA SCOTIA Pattern D: Youngest child ratio must be maintained	birth B 17 mos.	1:4	10
	18 - 35 mos.	1:6	18
	3 yrs. old	1:8	24
	4 - 5 yrs. old	1:8	24
	5 - 12 yrs. old	1:15	30
	PROPOSED AMENDMENTS TO REGULATIONS	PROPOSED AMENDMENTS TO REGULATIONS	PROPOSED AMENDMENTS TO REGULATIONS
PRINCE EDWARD ISLAND Prorated formula Pattern A: Allowed if stay within group of six children for 75% of the day Pattern B: Walkers are to be separated from non-walkers during periods of play	0 - 2	1:3	6
	2 - 3	1:5	6
	3 - 5	1:10	6
	5 - 7	1:12	6
	7 & over	1:15	6
		For multi-age groups of children, use the following formula to determine staffing requirements: 1) assign decimal values to each age group, based on ratios; 2) determine number of children in each age group and multiply by decimal value for that age group. Add these numbers for staff requirement.	
QUEBEC Pattern D: Youngest child ratio must be maintained	from birth to 18 mos.	1: 5	15
	from 18 mos. to less than 4 yrs. on 30 September	1: 8	30
	from 4 yrs. on 30 September to 5 yrs. on the same date	1: 15	30
	from 5 yrs. and over on 1 October	1: 15	30

Province	Age Definition	Ratios	Groupings
SASKATCHEWAN Pattern C: Separation required during outdoor play Pattern E: Allowed only with special waiver	Infants	1:3	6
	Toddlers	1:5	10
	Preschool	1:10	20
	School-age	1:15	30
	Two or more categories of toddlers, preschoolers and school-age children	The minimum number of staff shall be calculated based on a ratio of 1:15 children with a school-age child counting as one child, a preschool child counting as 1.5 children and a toddler counting as three children.	The maximum group size shall not exceed that for which two staff are required in accordance with subsection (2). (See ratios and groupings for age segregated)
YUKON Pattern D: Youngest child ratio must be maintained	infants, up to 18 mos.	1:4	8
	under 3 yrs. of age where none is an infant	1:6	12
	preschool children 3 yrs. of age or older	1:8	16
	school-age children	1:12	24

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